

FRANK H. NETTER, MD



# Atlas d'anatomie humaine

4<sup>e</sup> édition

Traduction de Pierre Kamina

*F. Netter  
M.D.*

III MASSON



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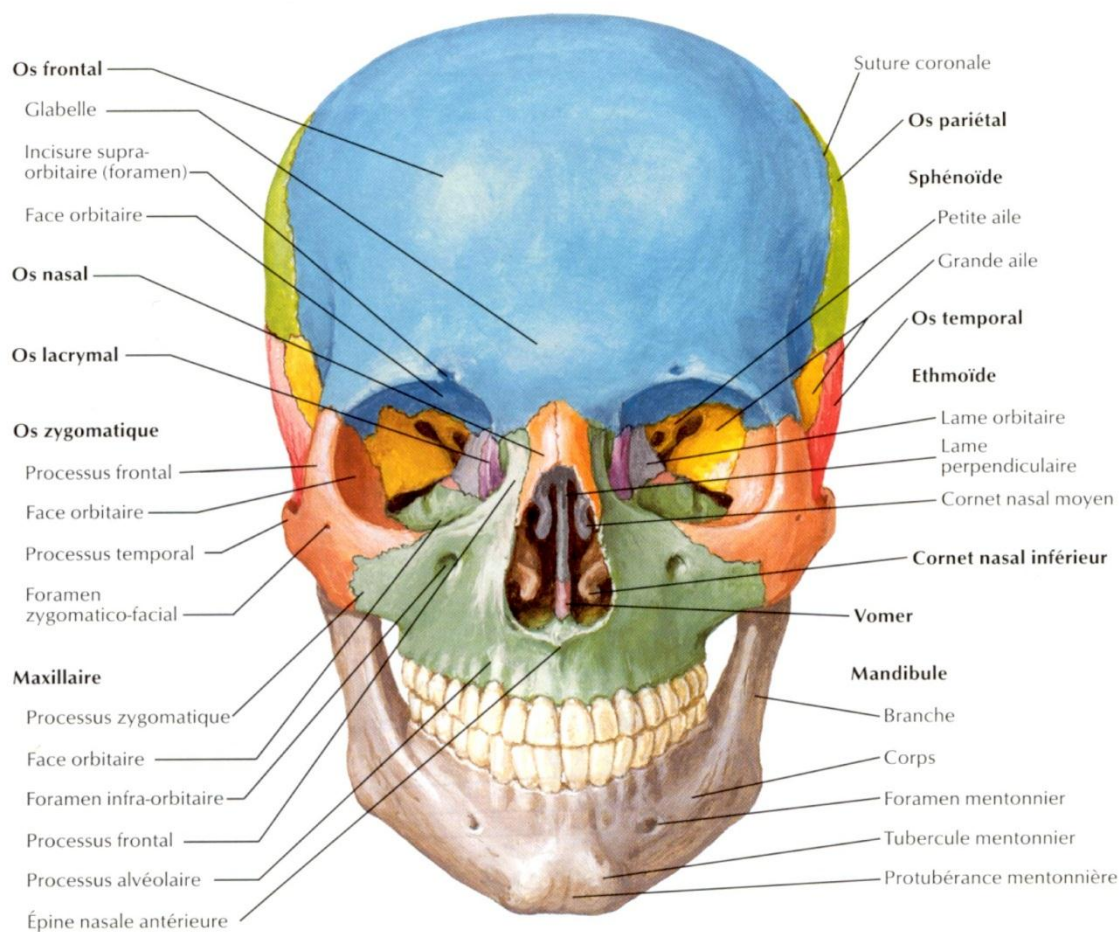
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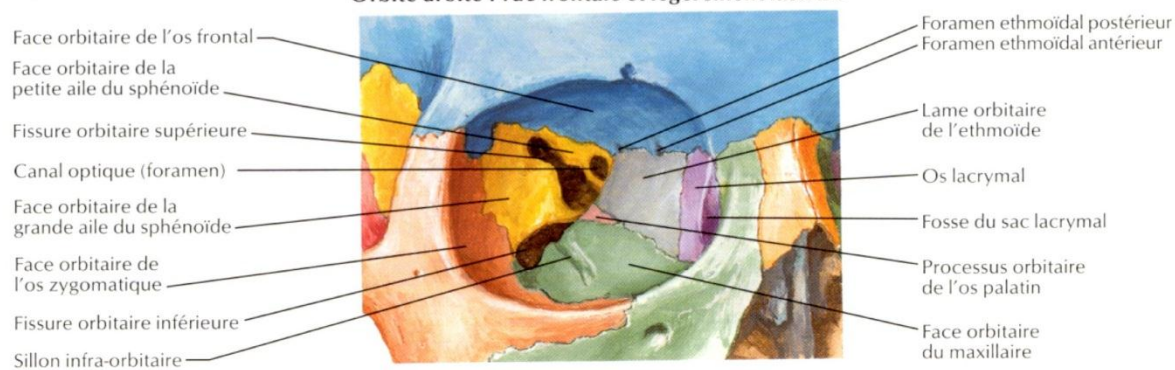
# **Section 1 – Tête et cou**

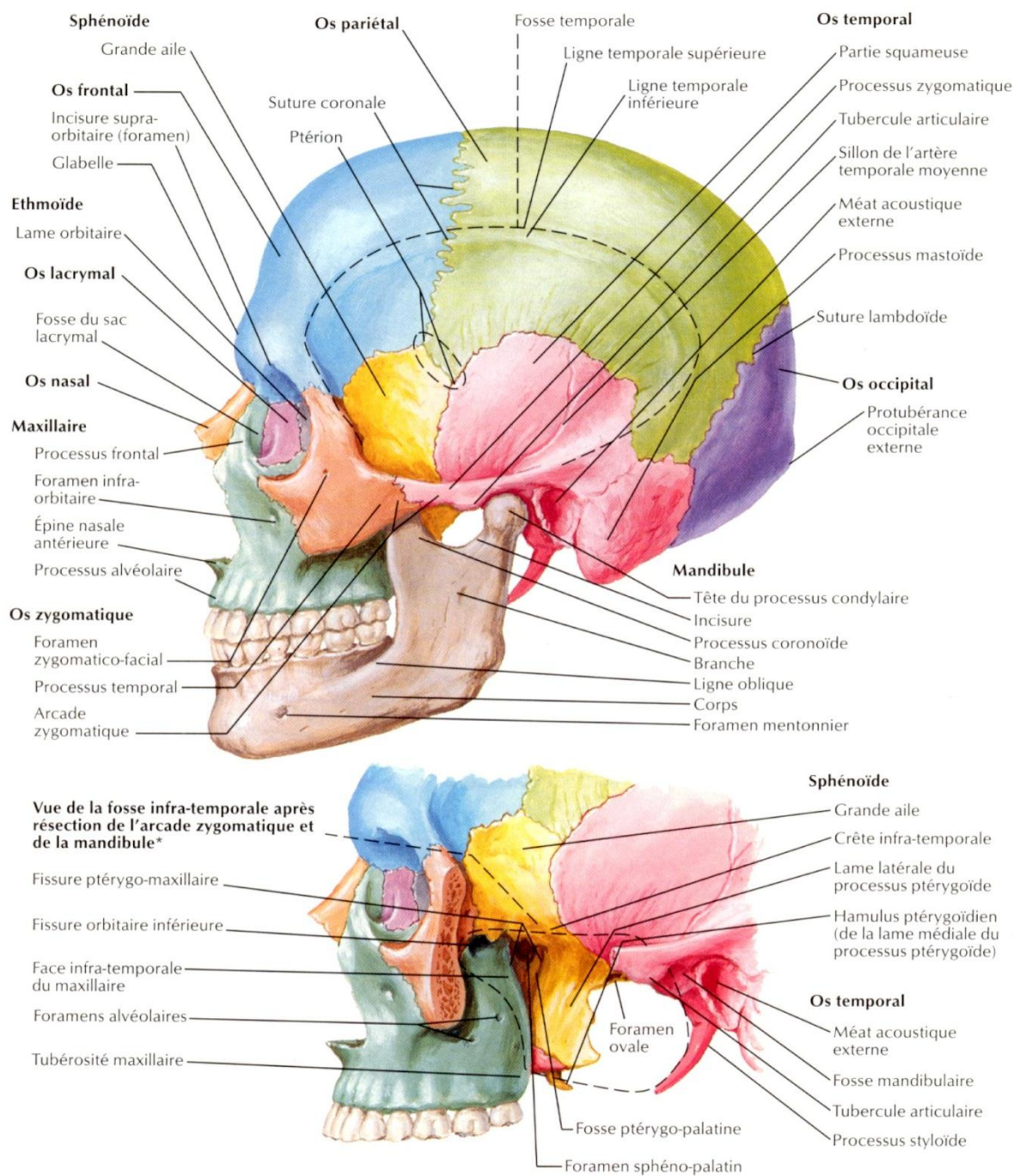


## a. Os et ligaments



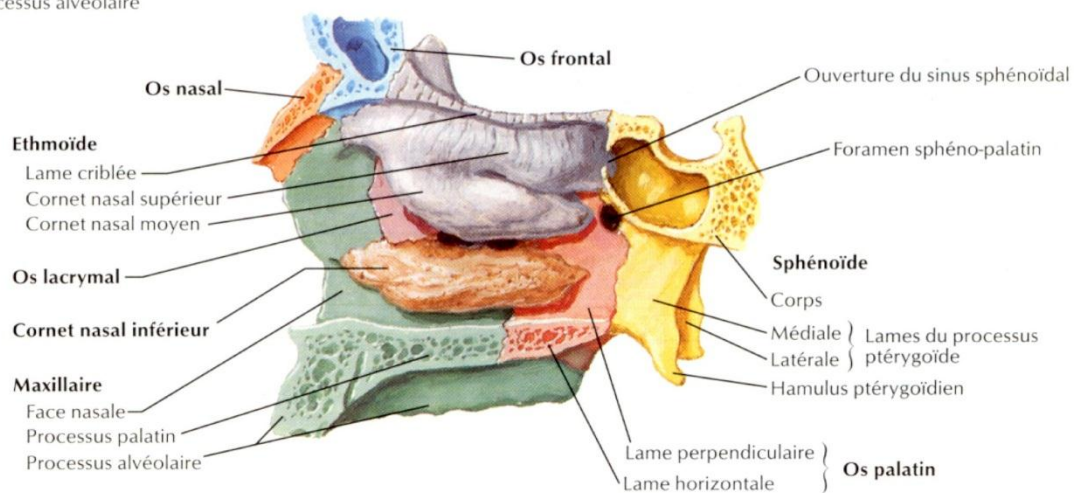
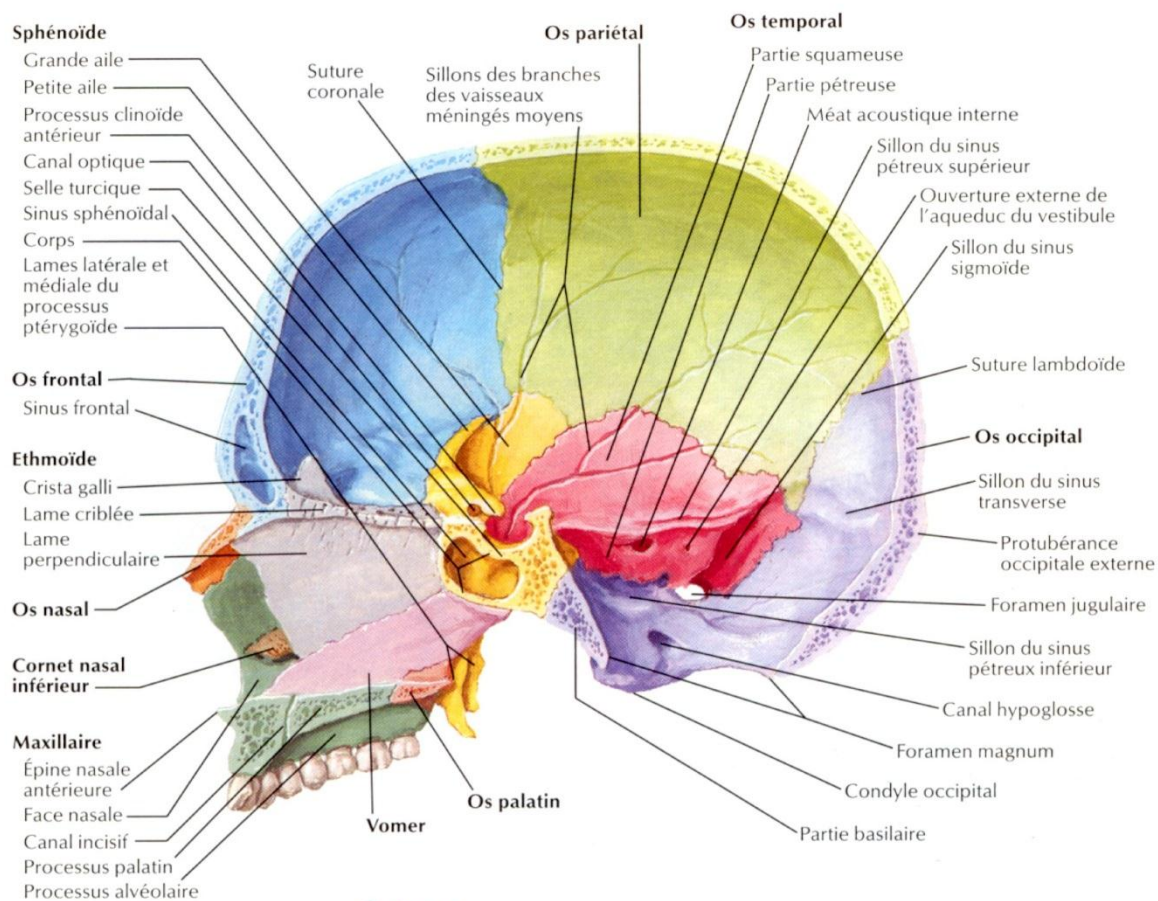
**Orbite droite : vue frontale et légèrement latérale**

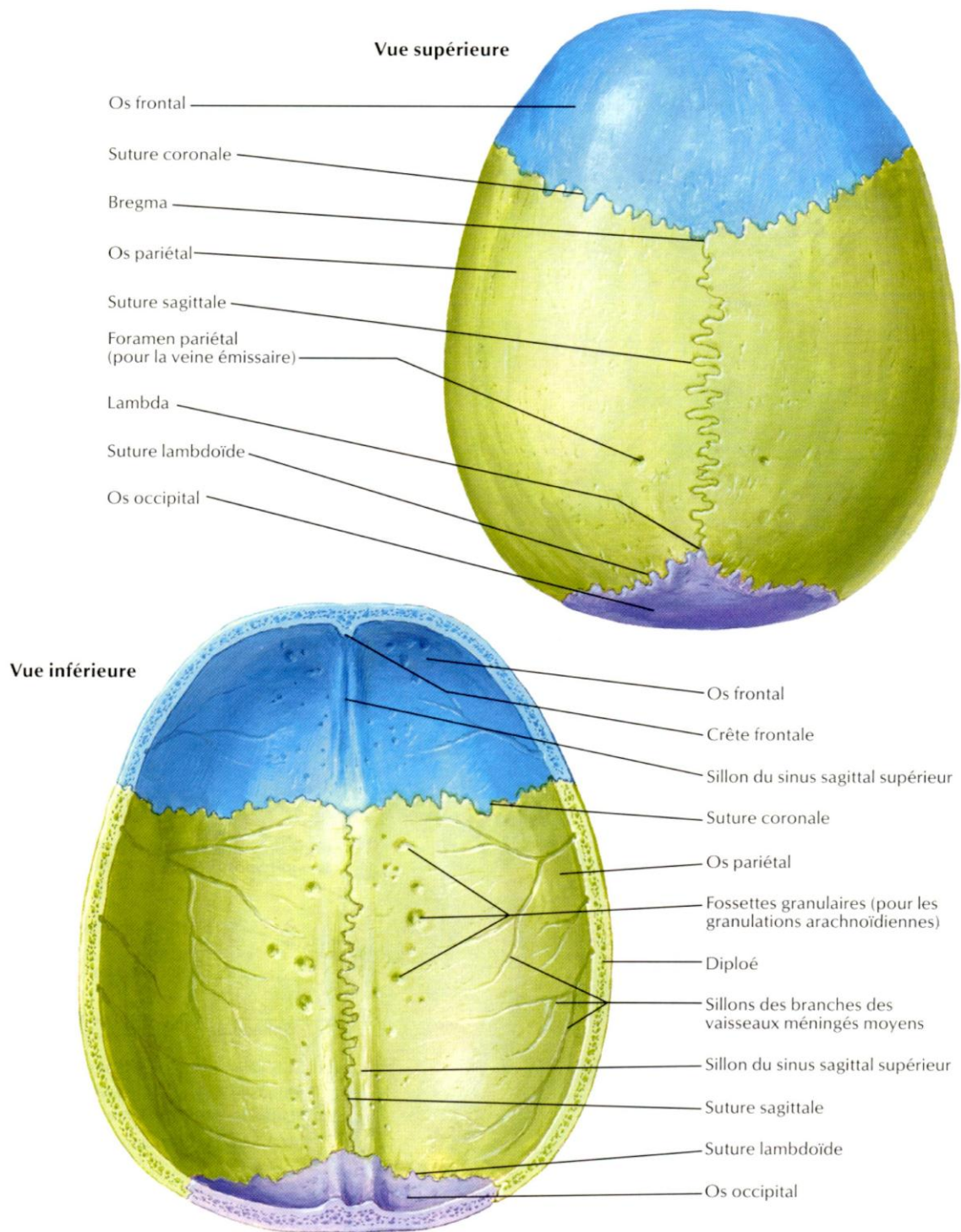




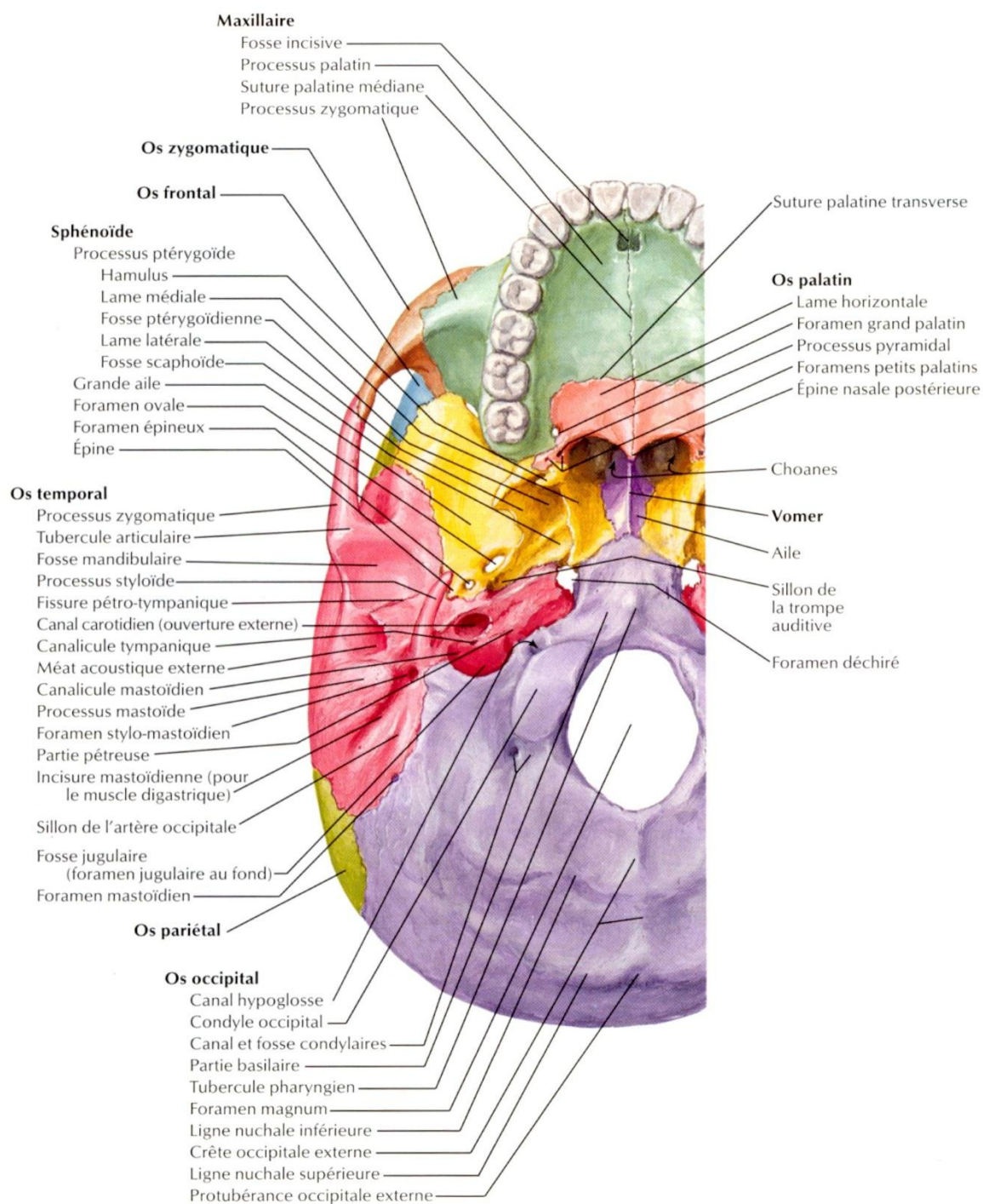
\* Superficiellement, le processus mastoïde forme la limite postérieure

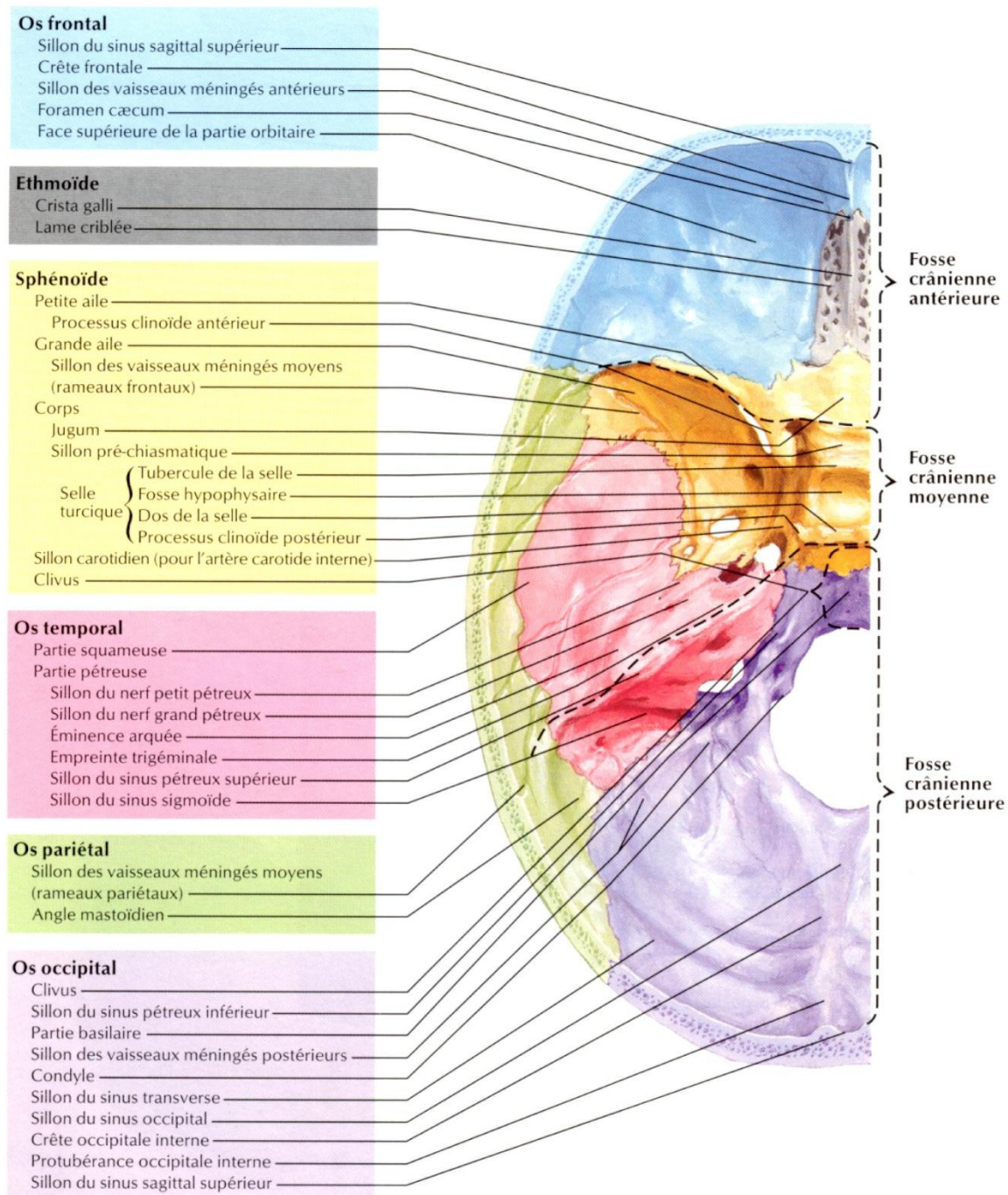




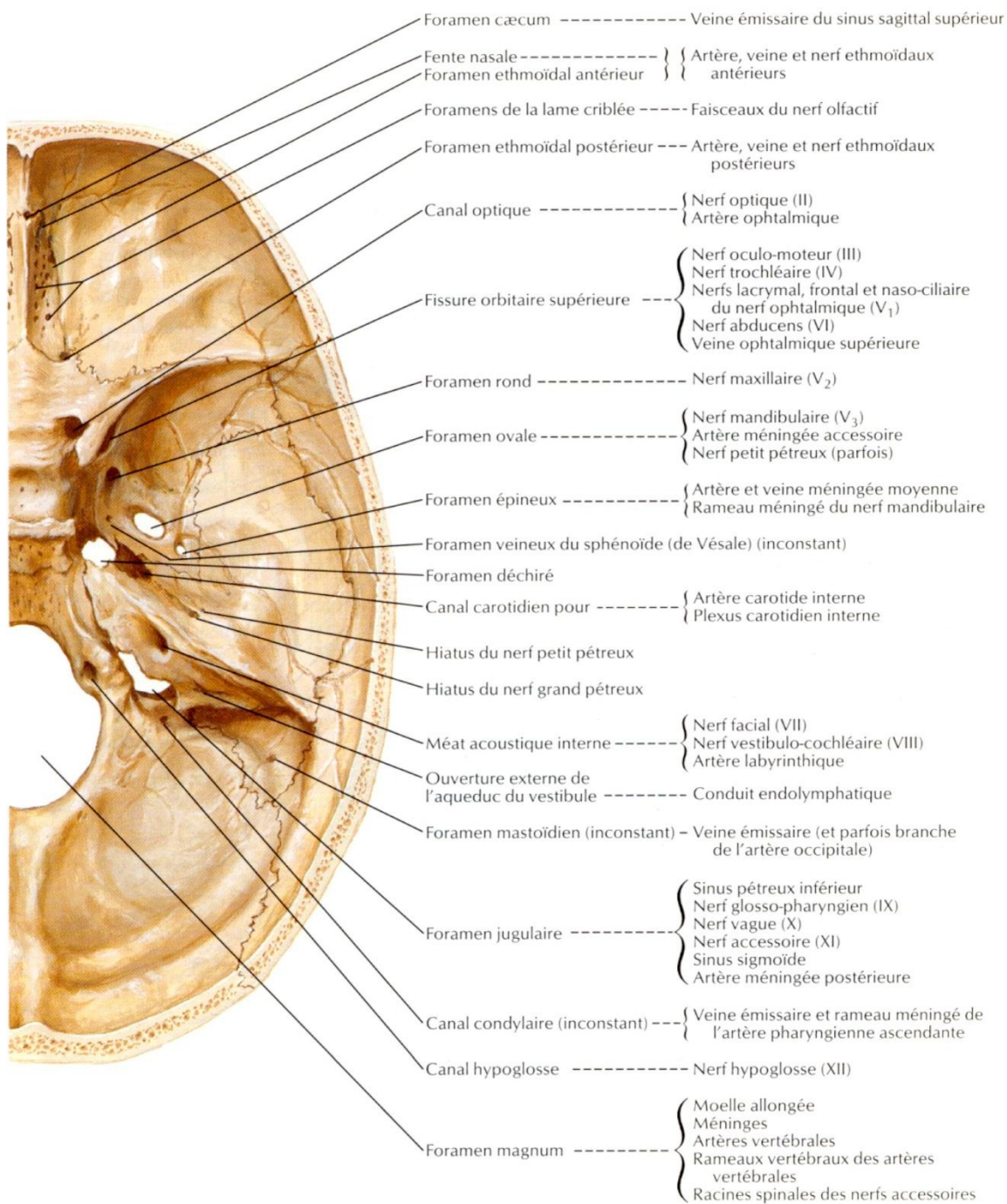


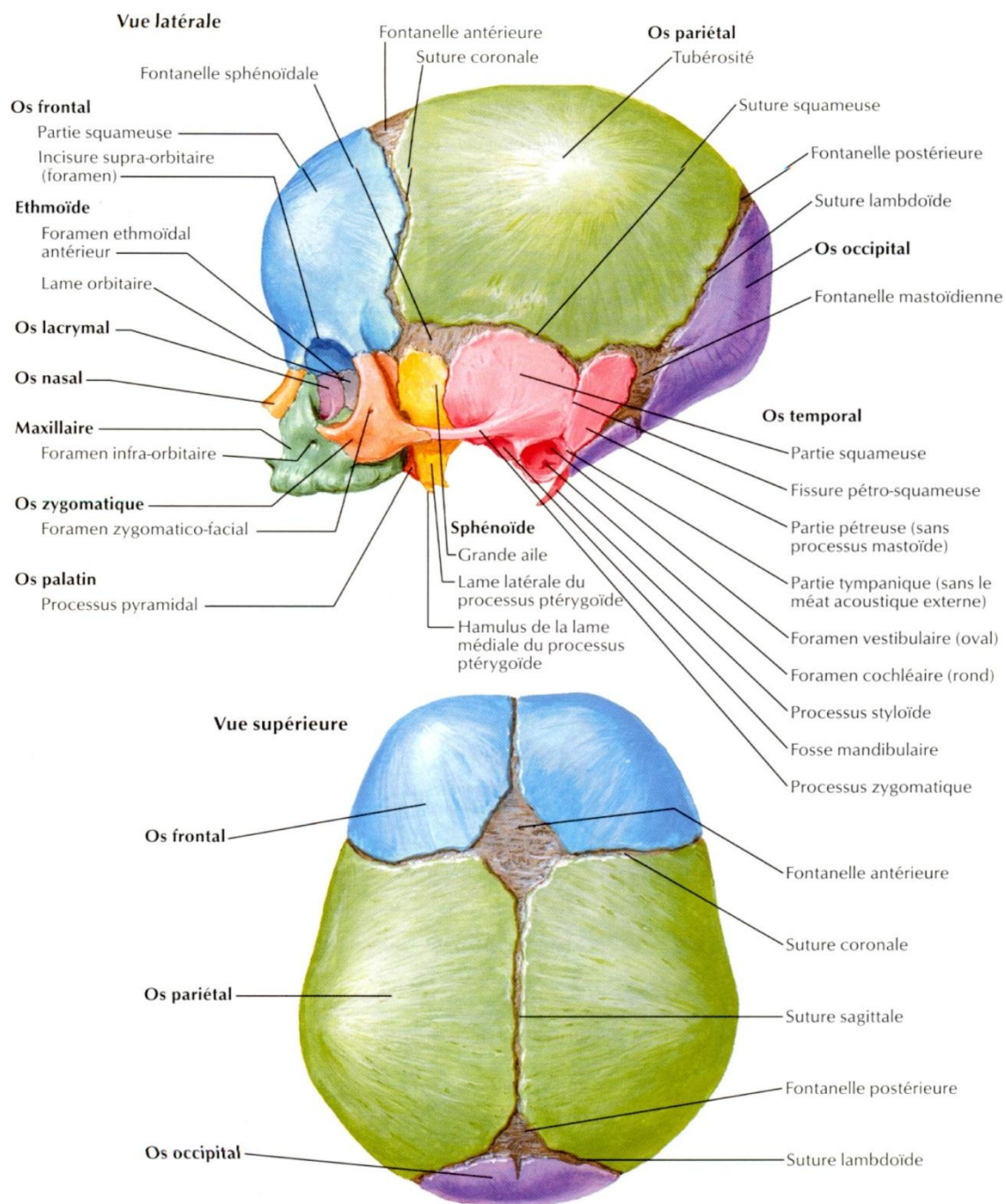




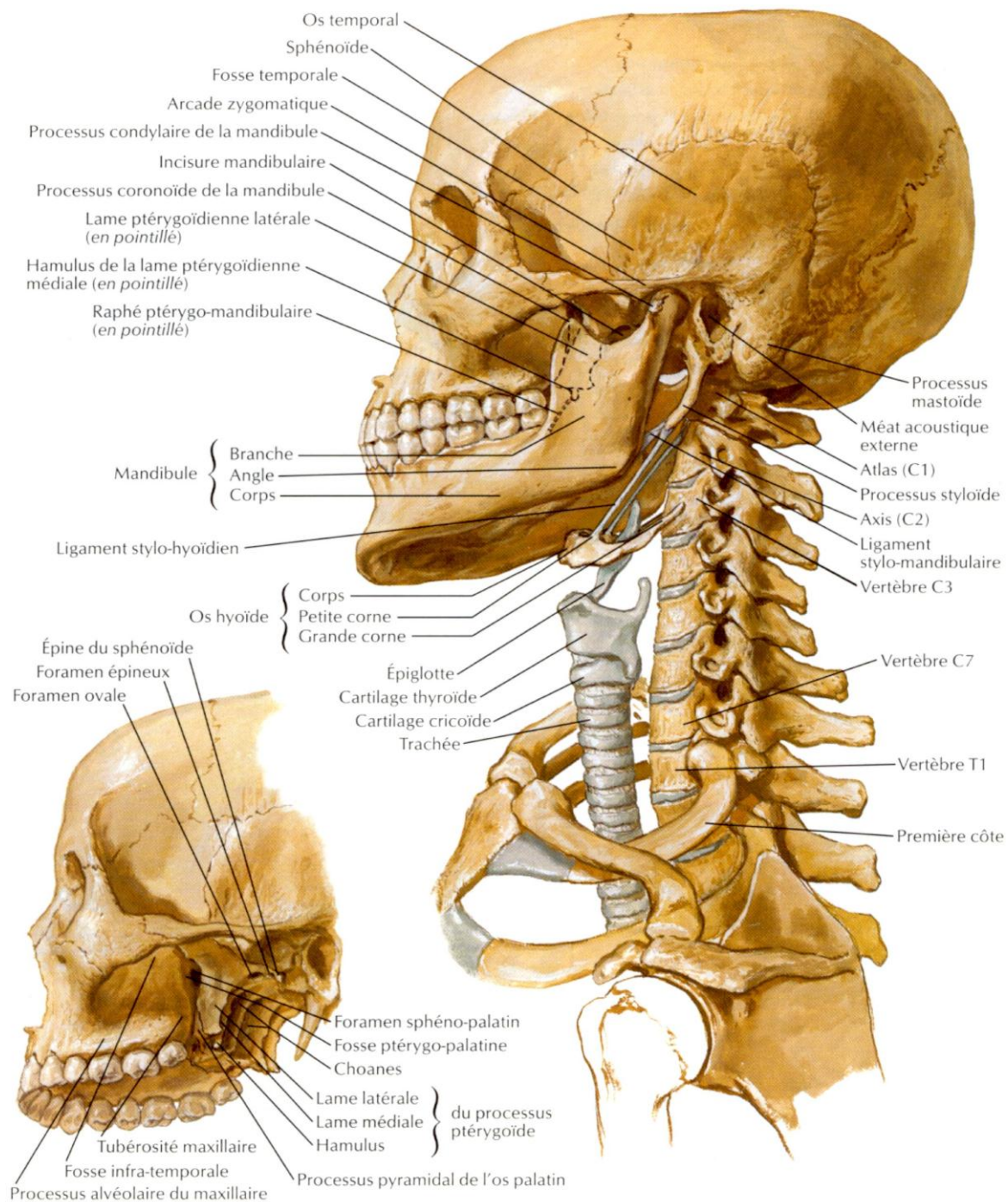


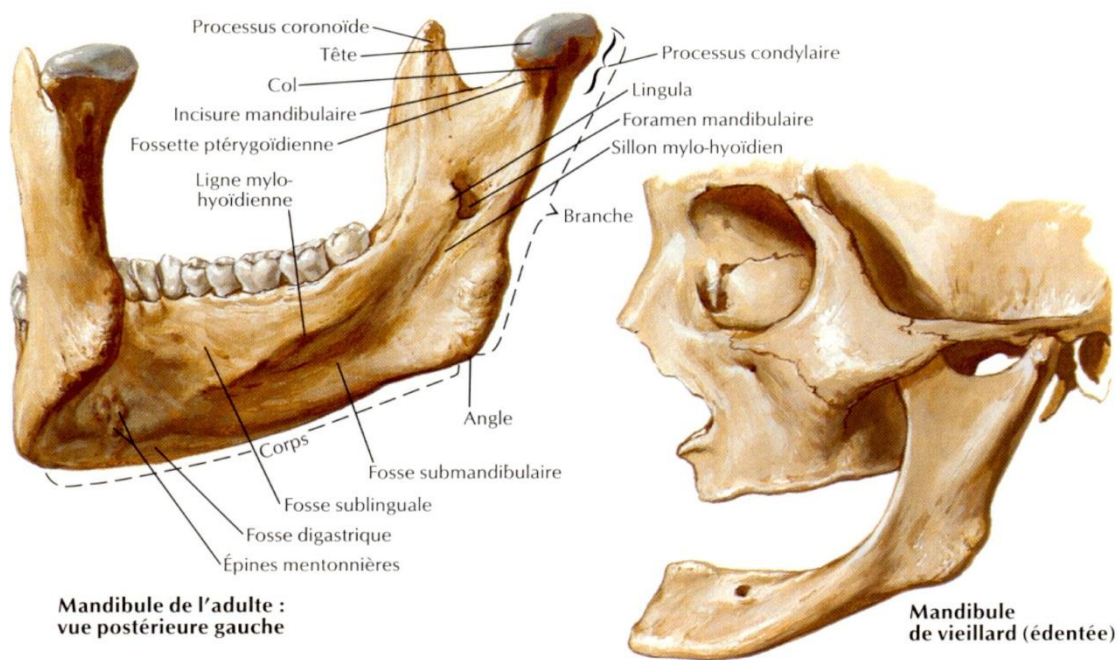
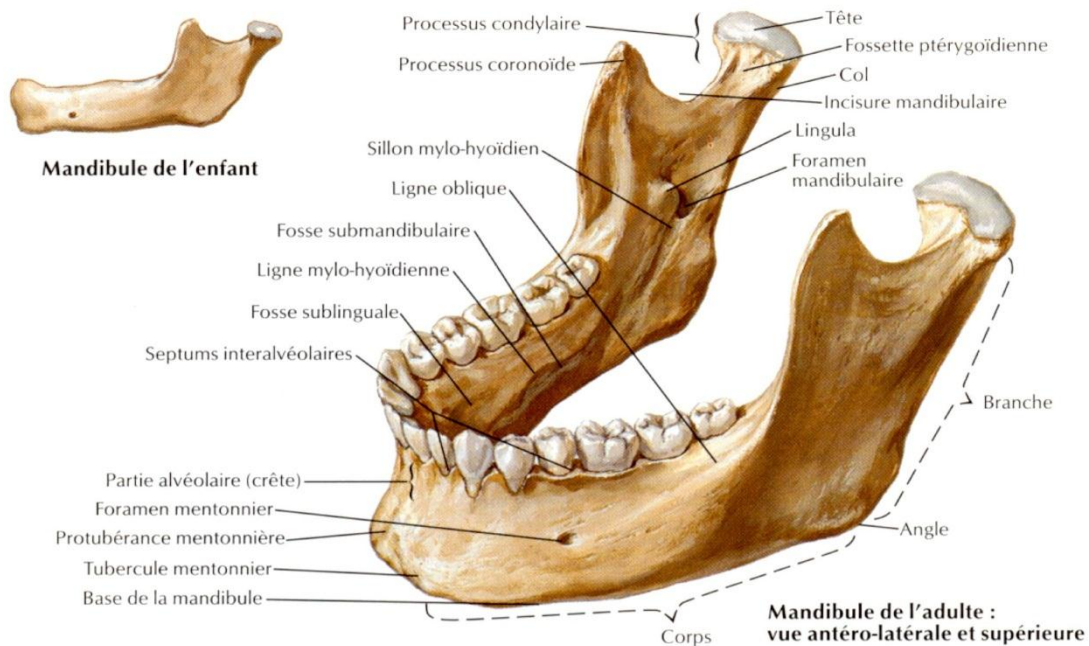




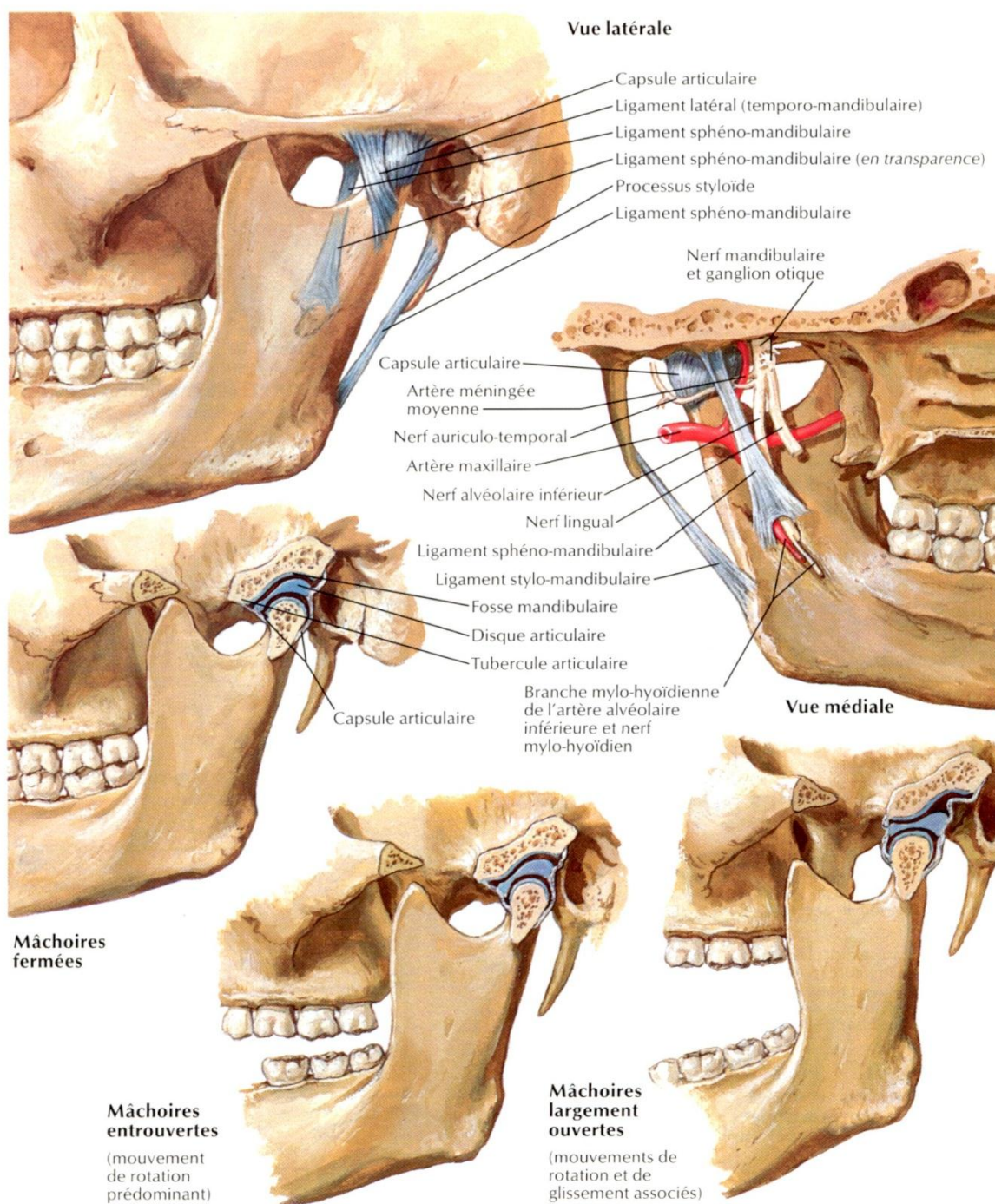


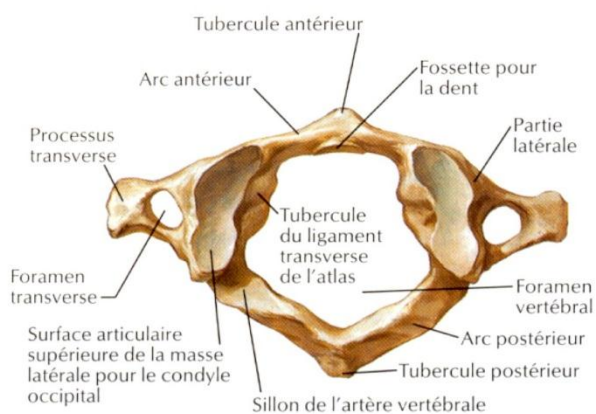




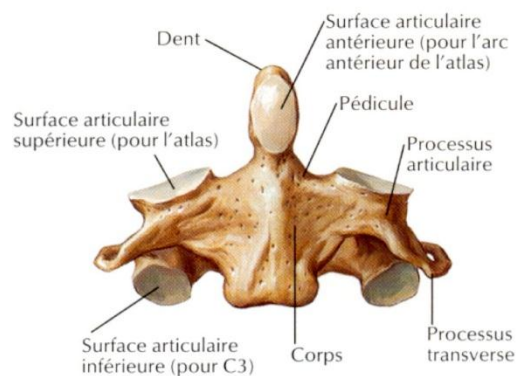




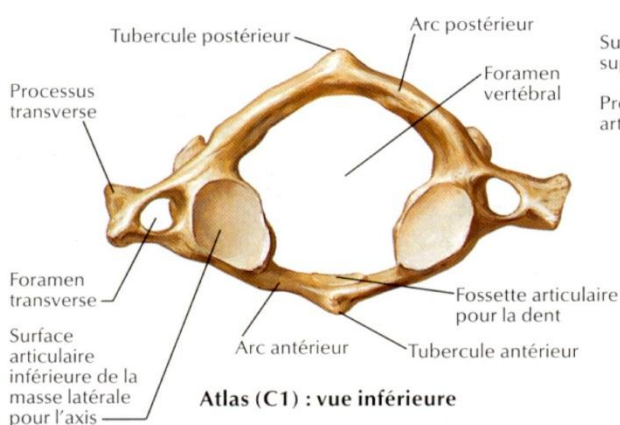




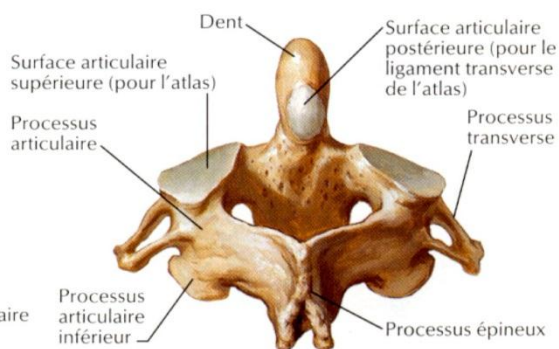
Atlas (C1) : vue supérieure



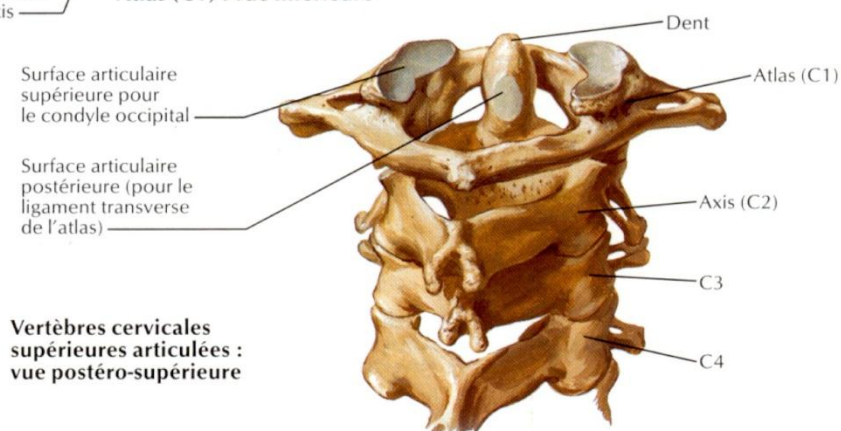
Axis (C2) : vue antérieure



Atlas (C1) : vue inférieure

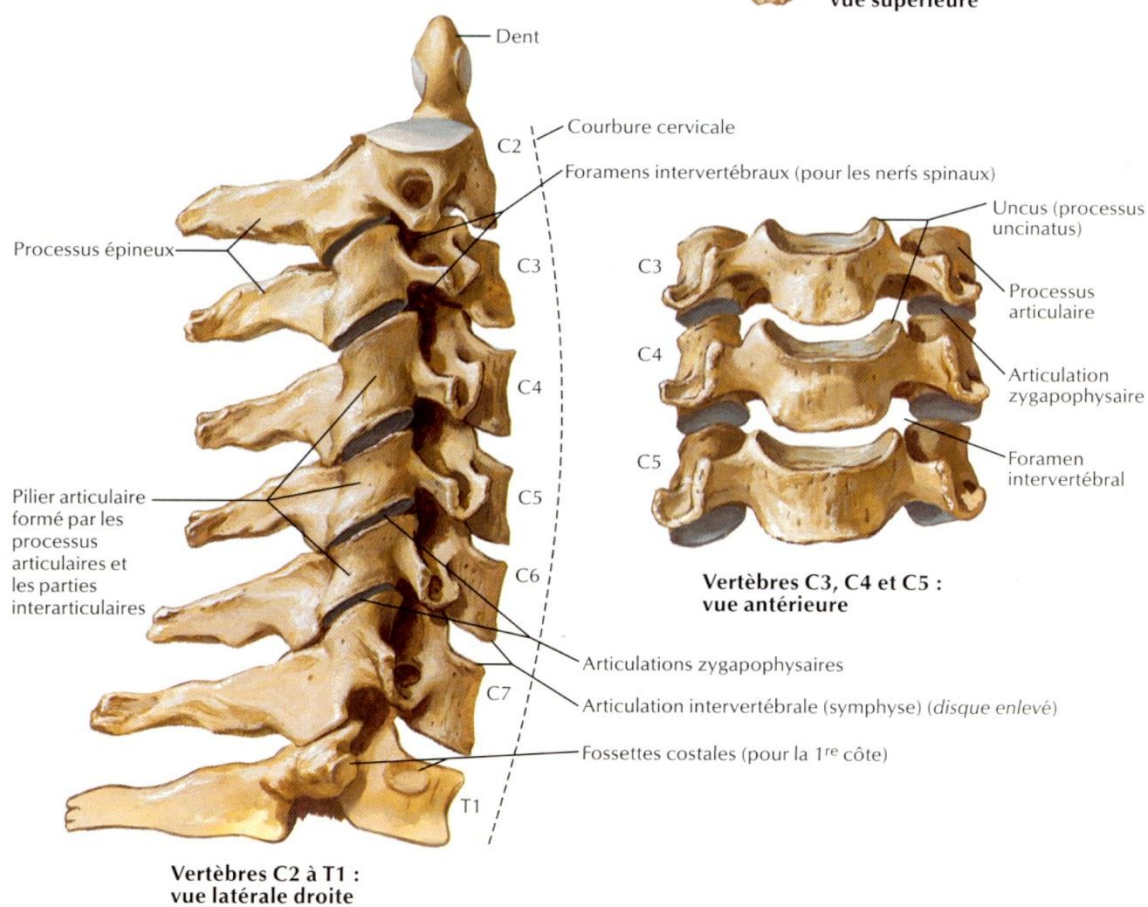
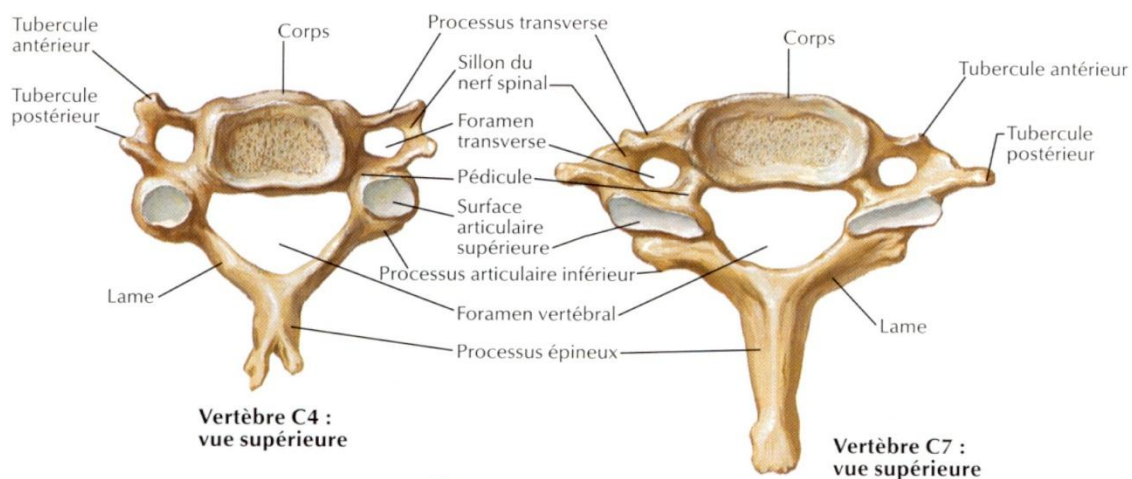


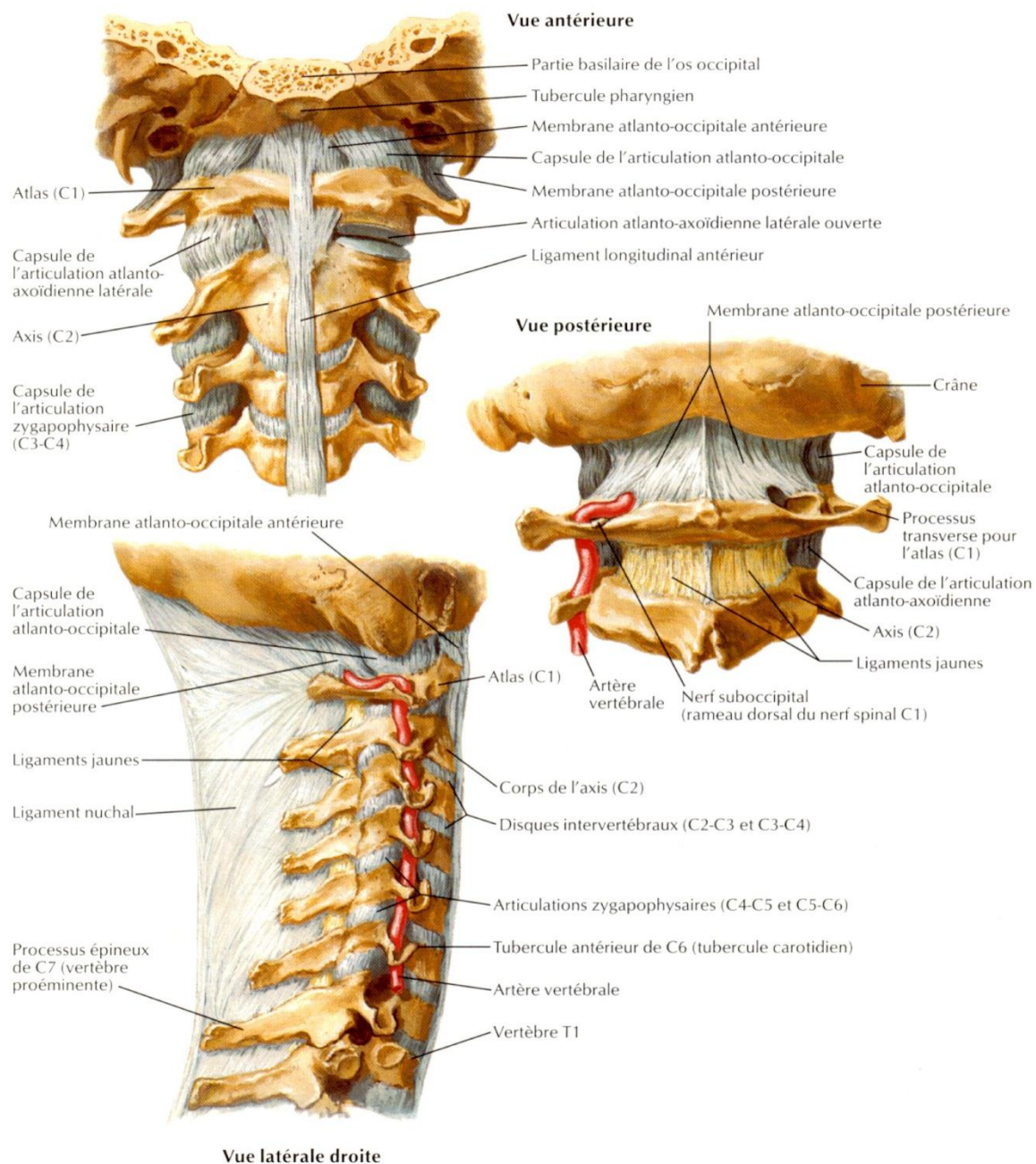
Axis (C2) : vue postéro-supérieure

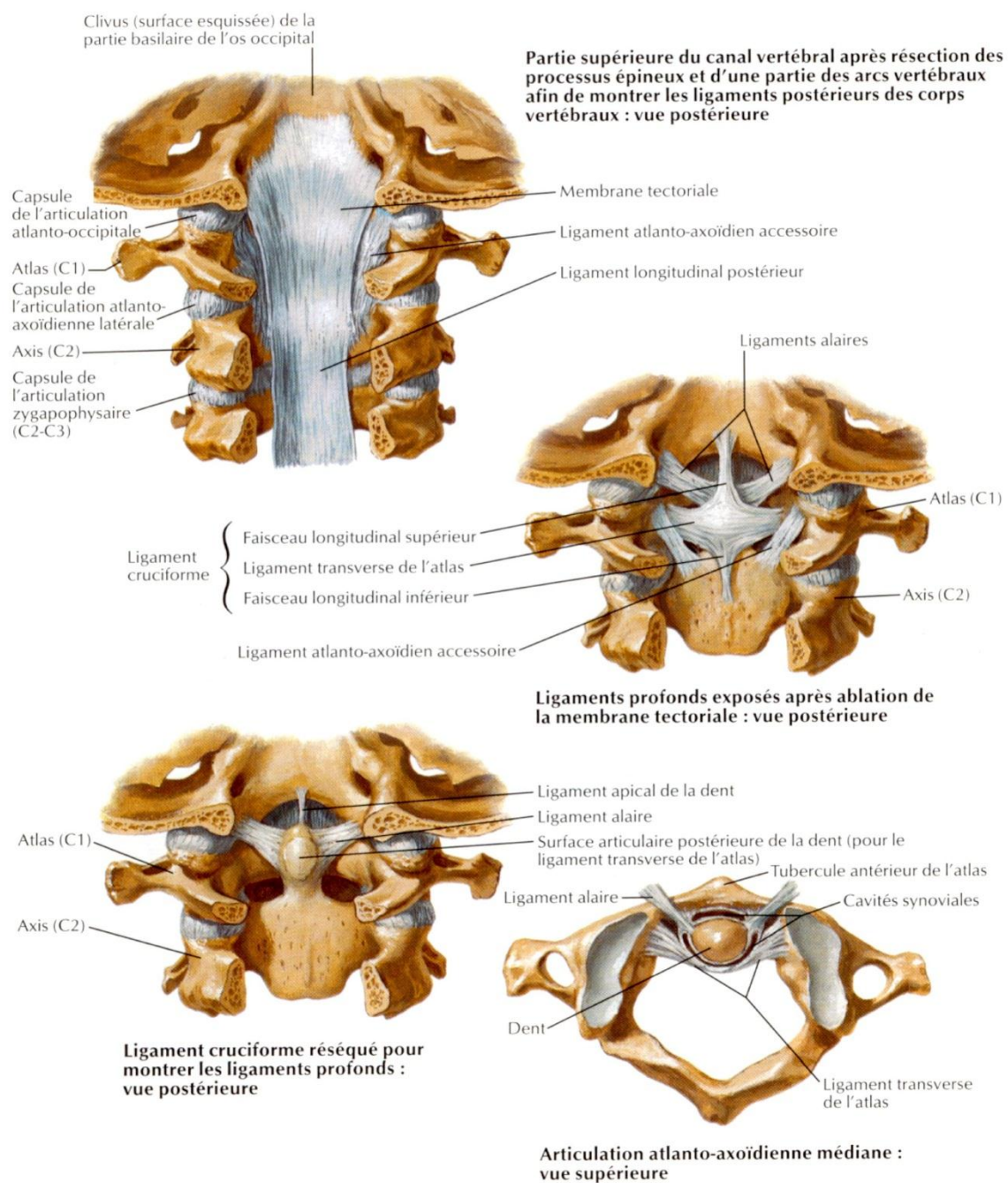


Vertèbres cervicales supérieures articulées : vue postéro-supérieure

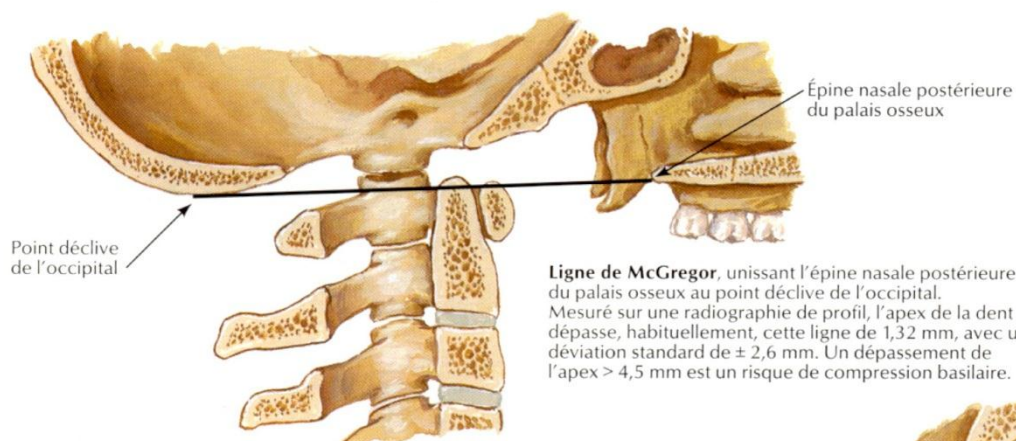
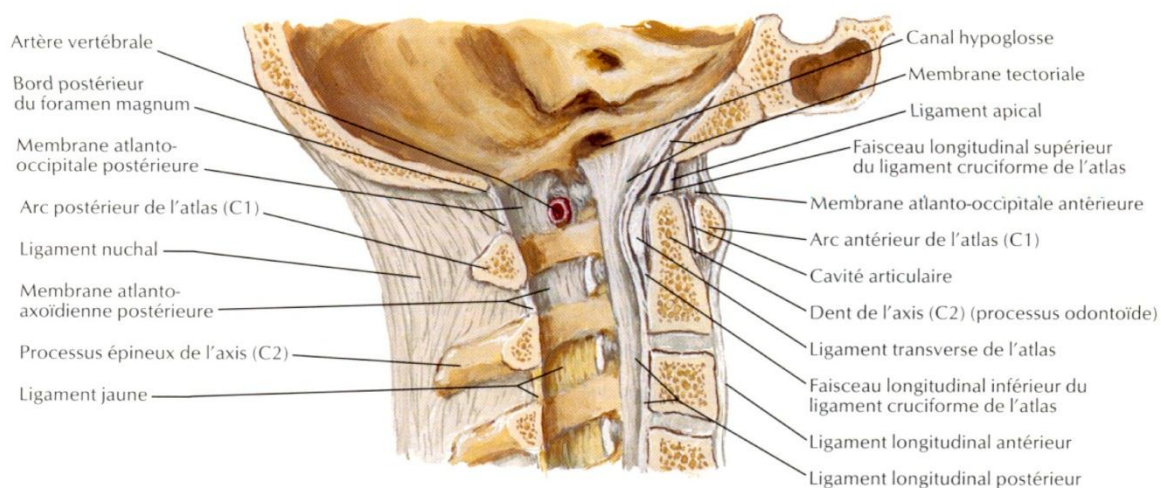






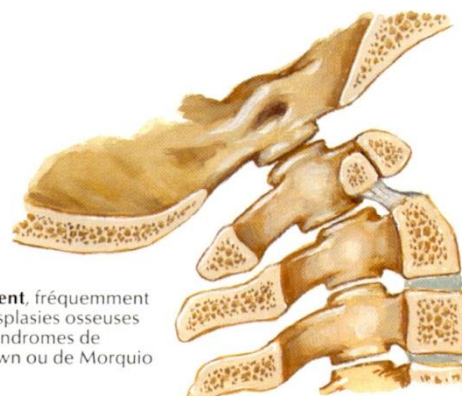






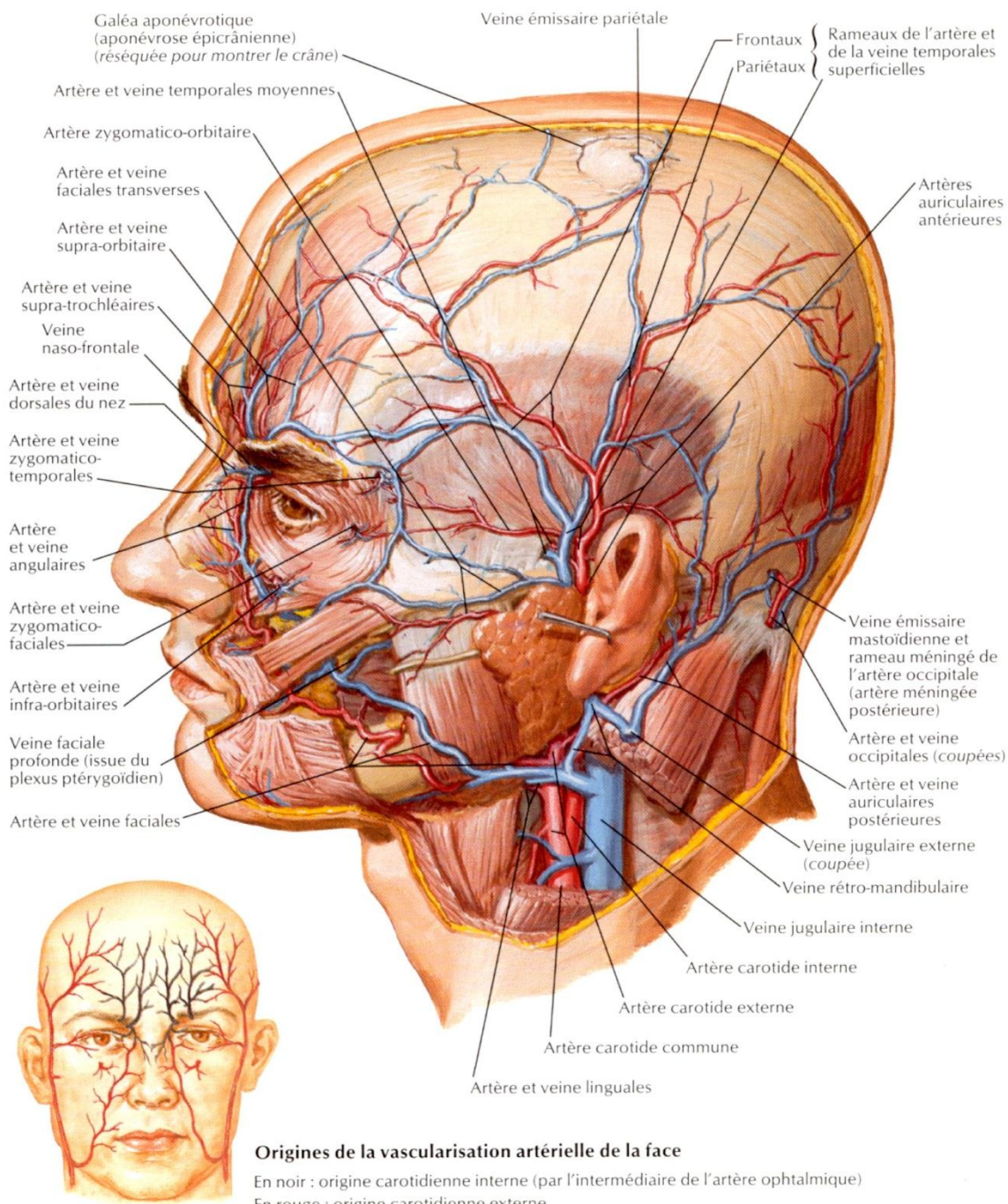
Hypoplasie de la dent (processus odontoïde)

**Anomalies de la dent**, fréquemment associées à des dysplasies osseuses comme dans les syndromes de Klippel-Feil, de Down ou de Morquio

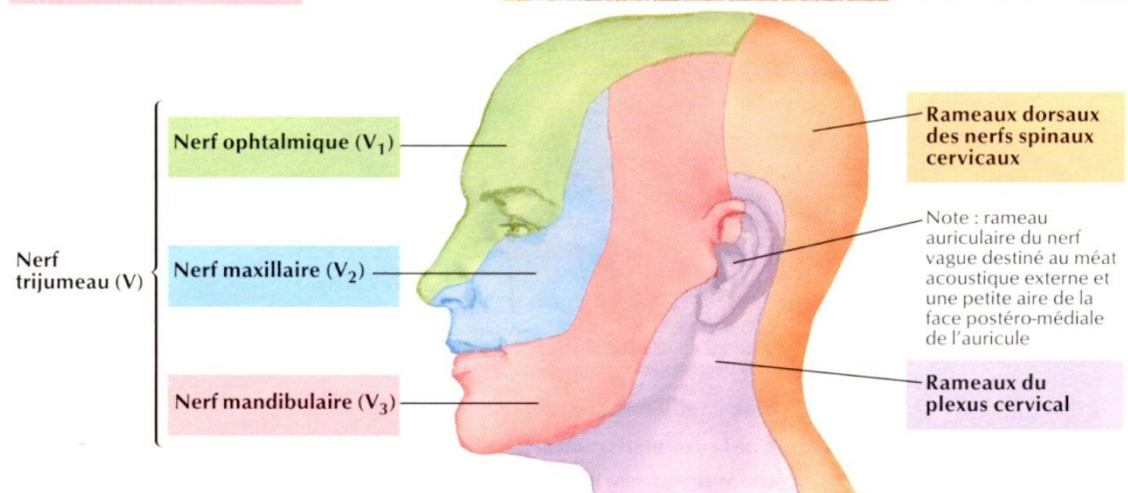
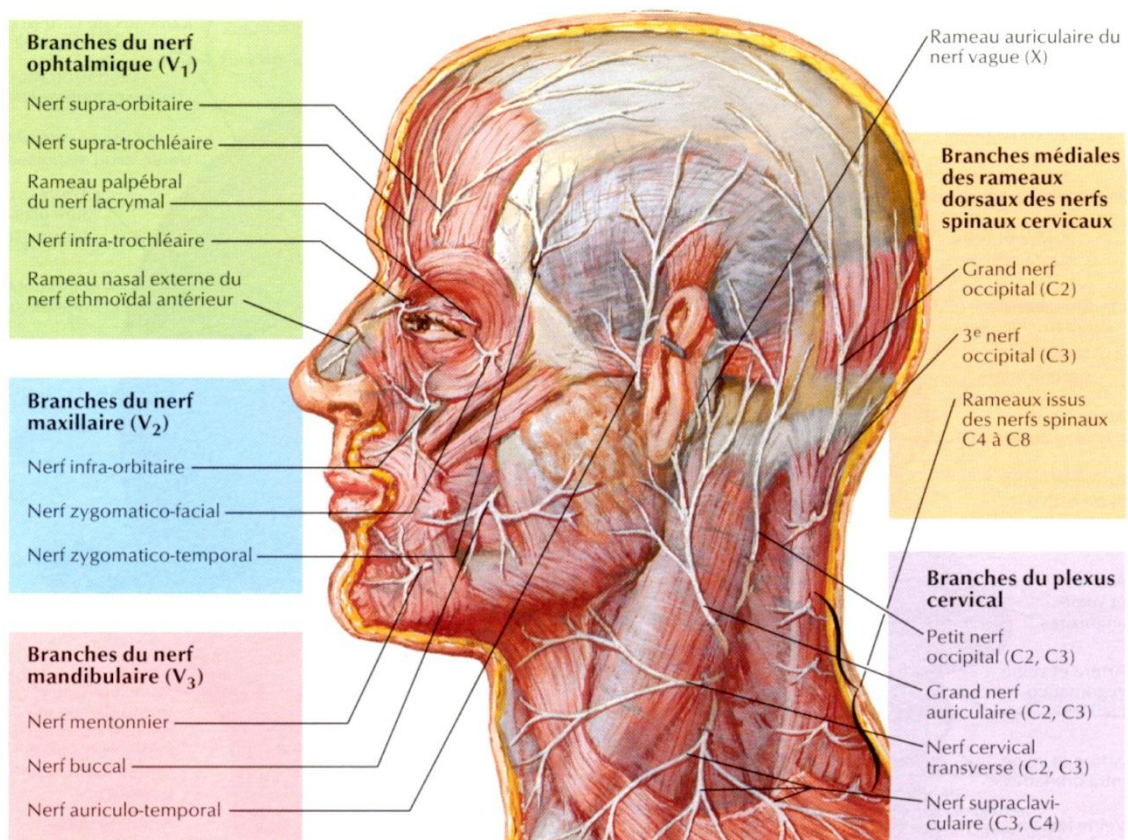


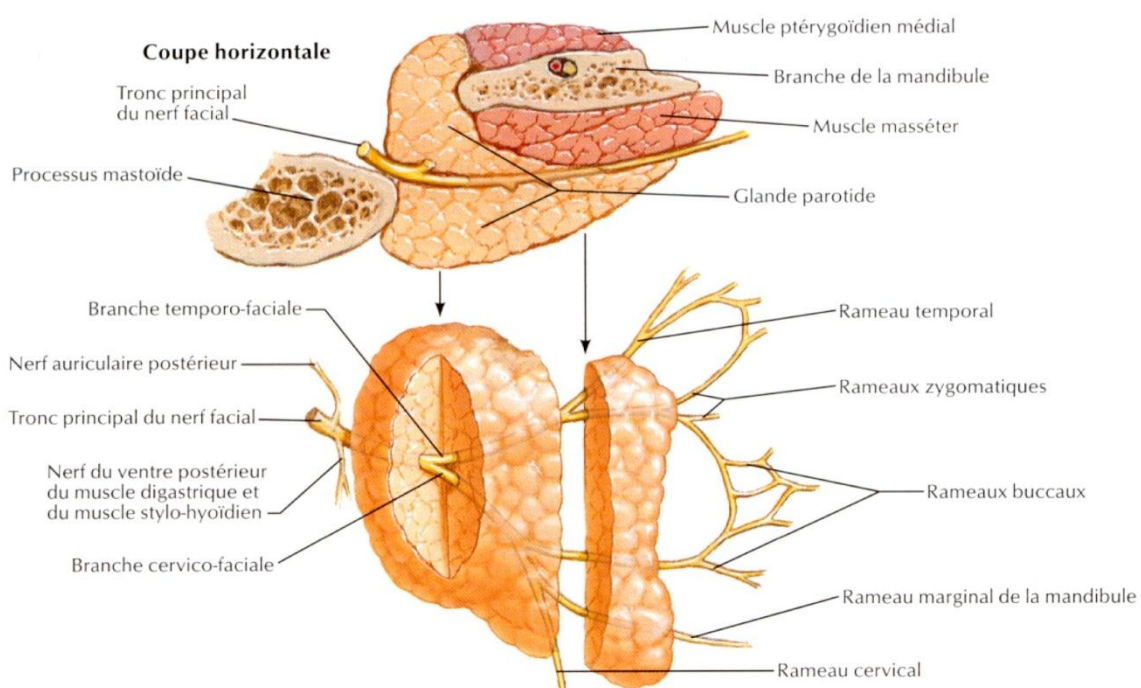
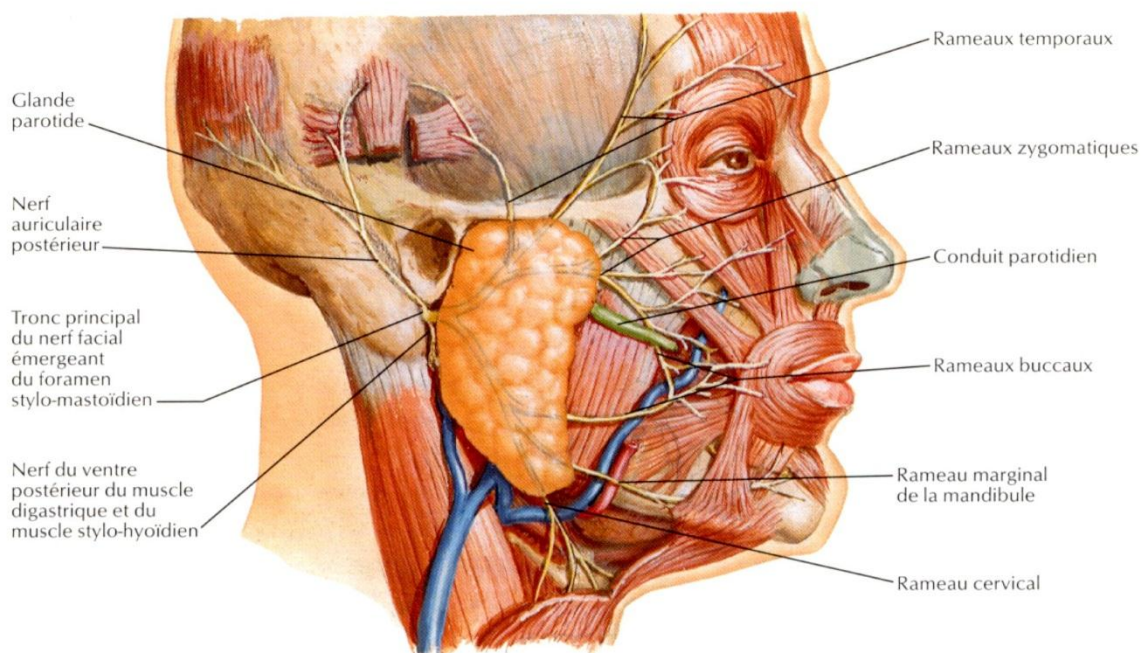
Os odontoïde avec union fibreuse et canal vertébral étroit au cours de l'extension de la tête

## b. Os et ligaments

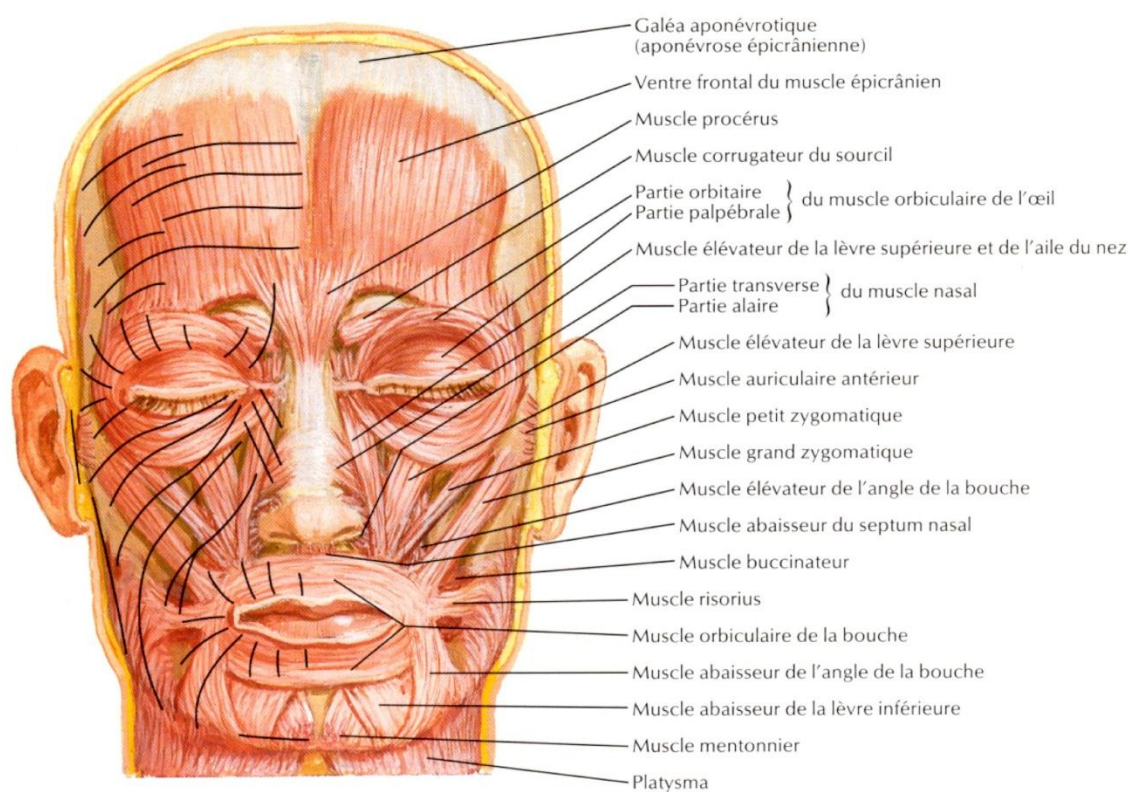




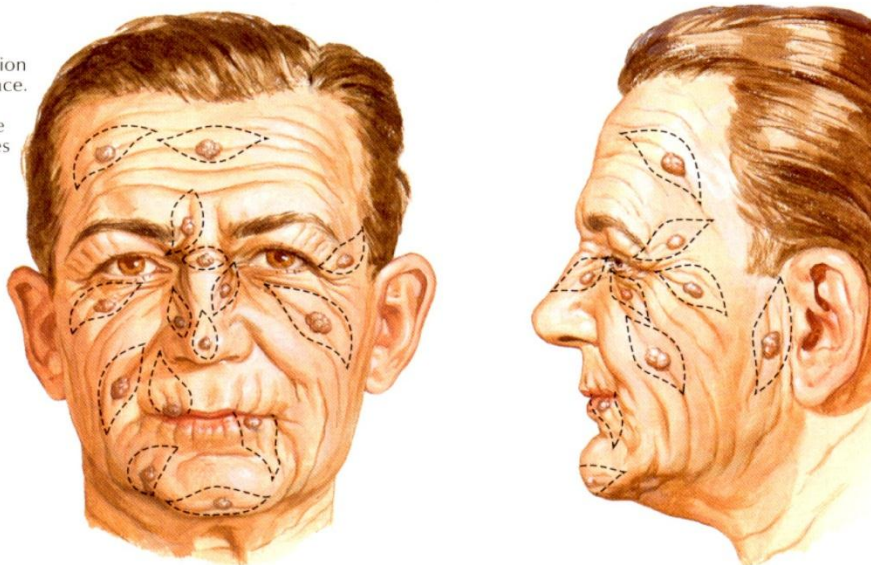




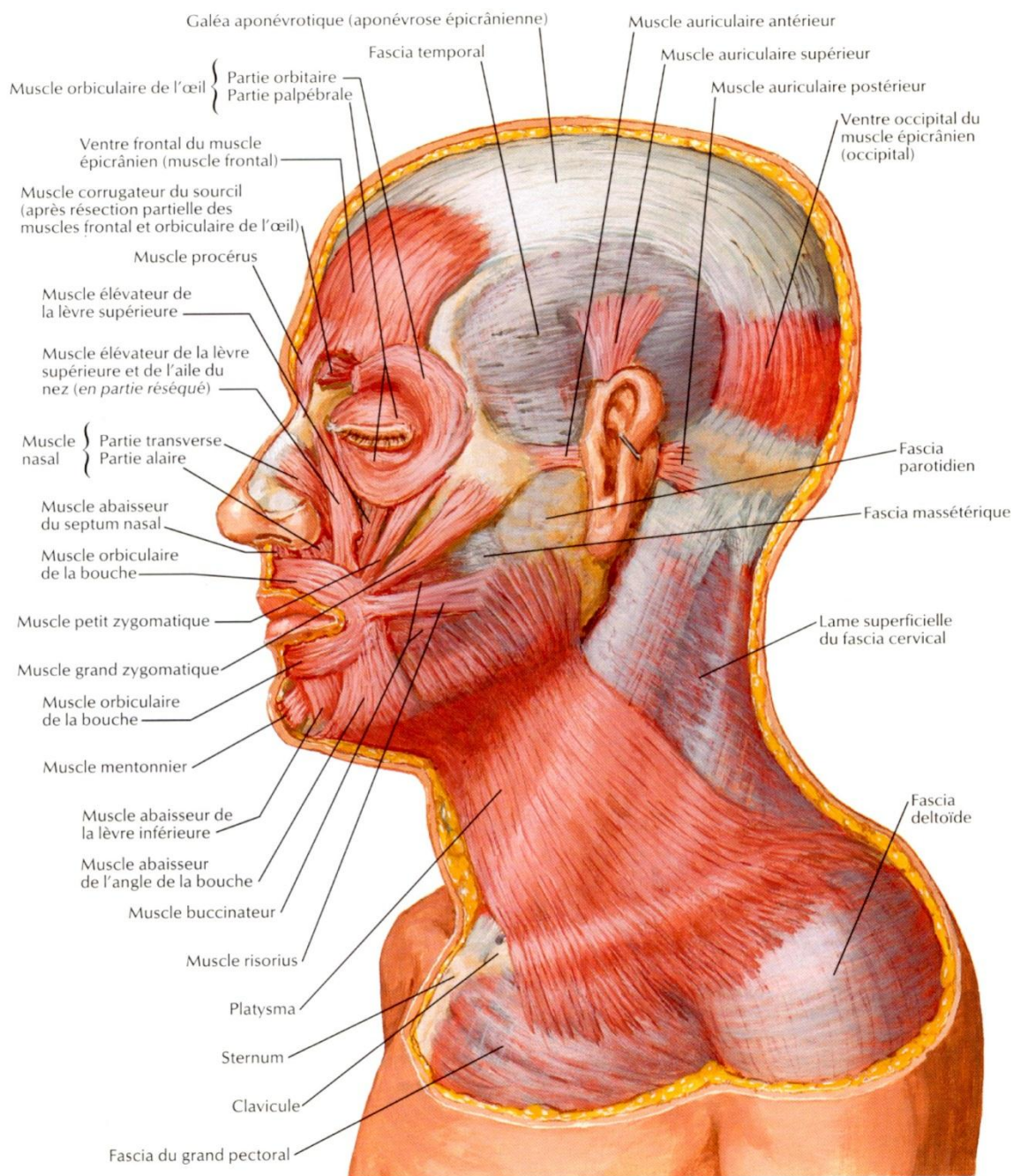




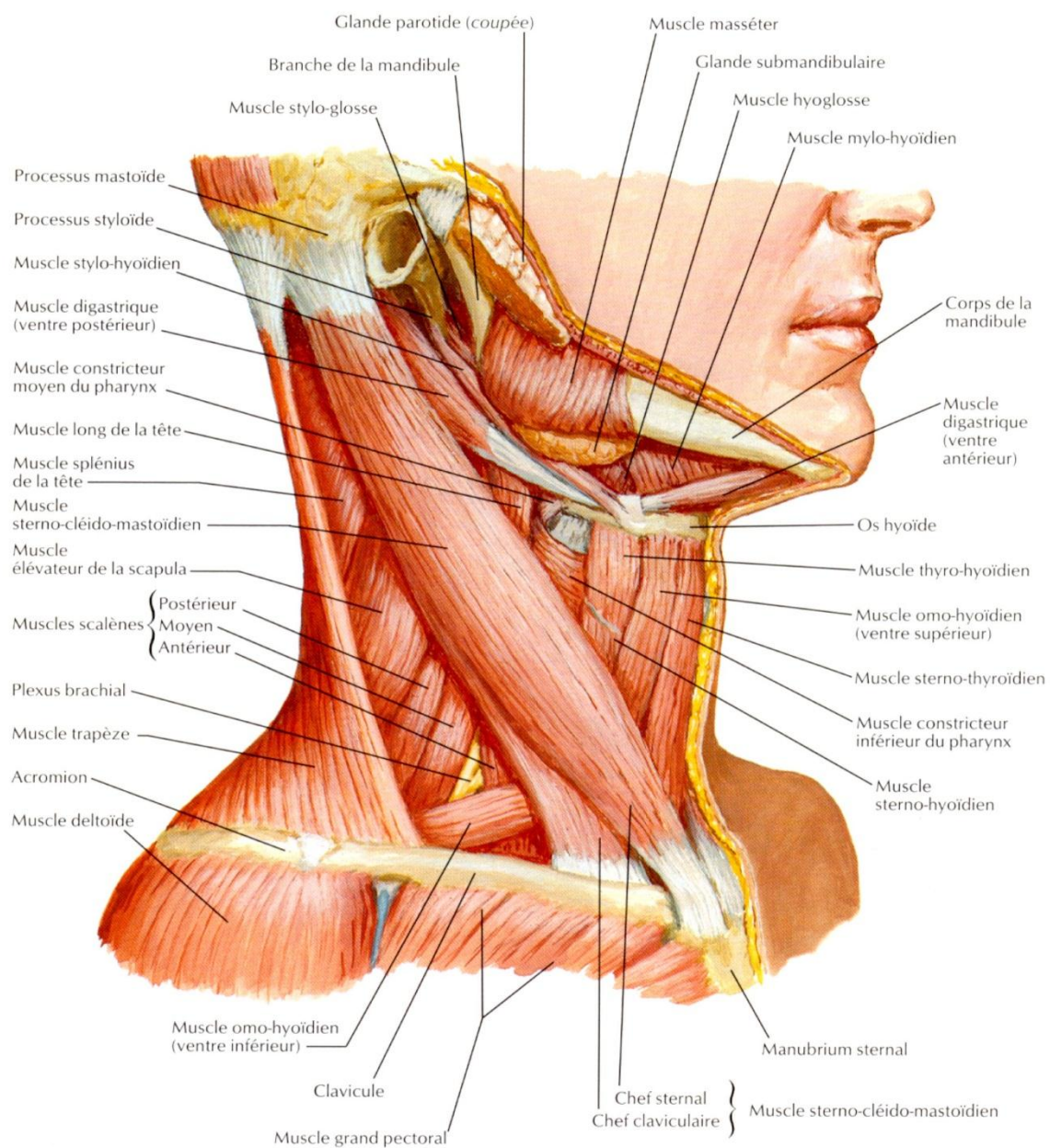
Le trajet de la ligne des rides est perpendiculaire à la direction des fibres des muscles de la face. Les incisions elliptiques pour les extractions des tumeurs de la peau suivent la direction des lignes des rides.



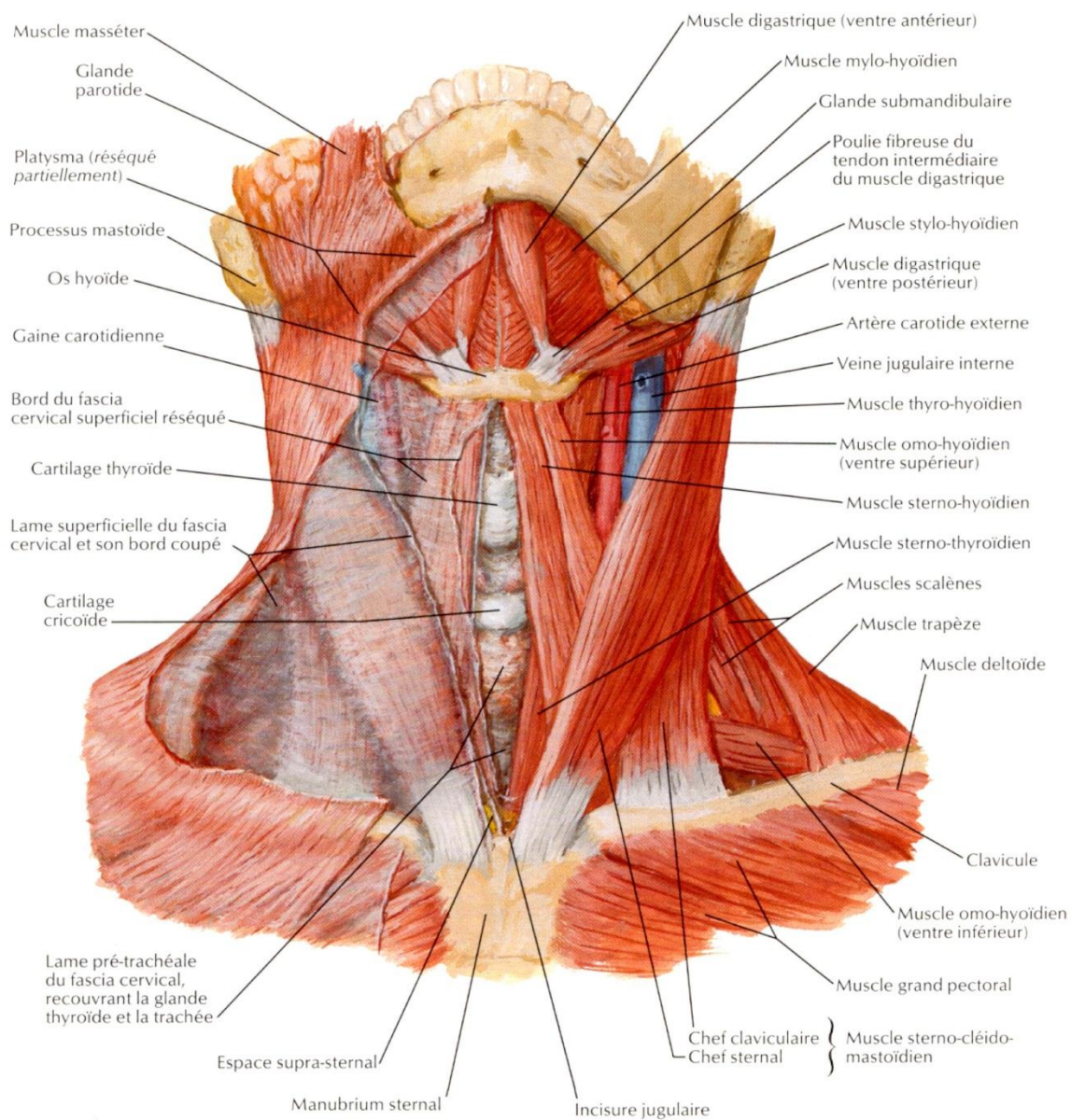




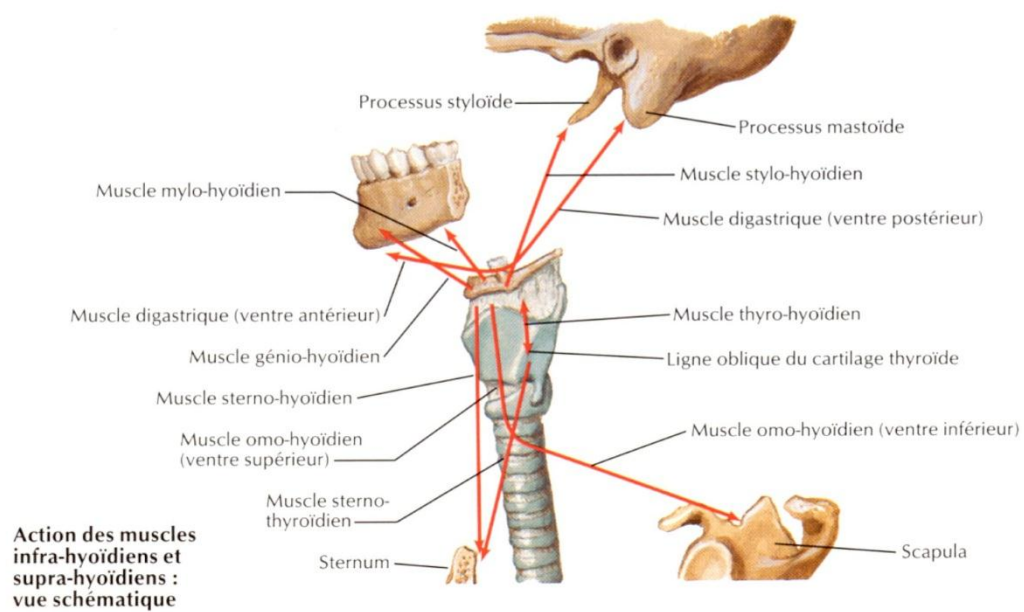
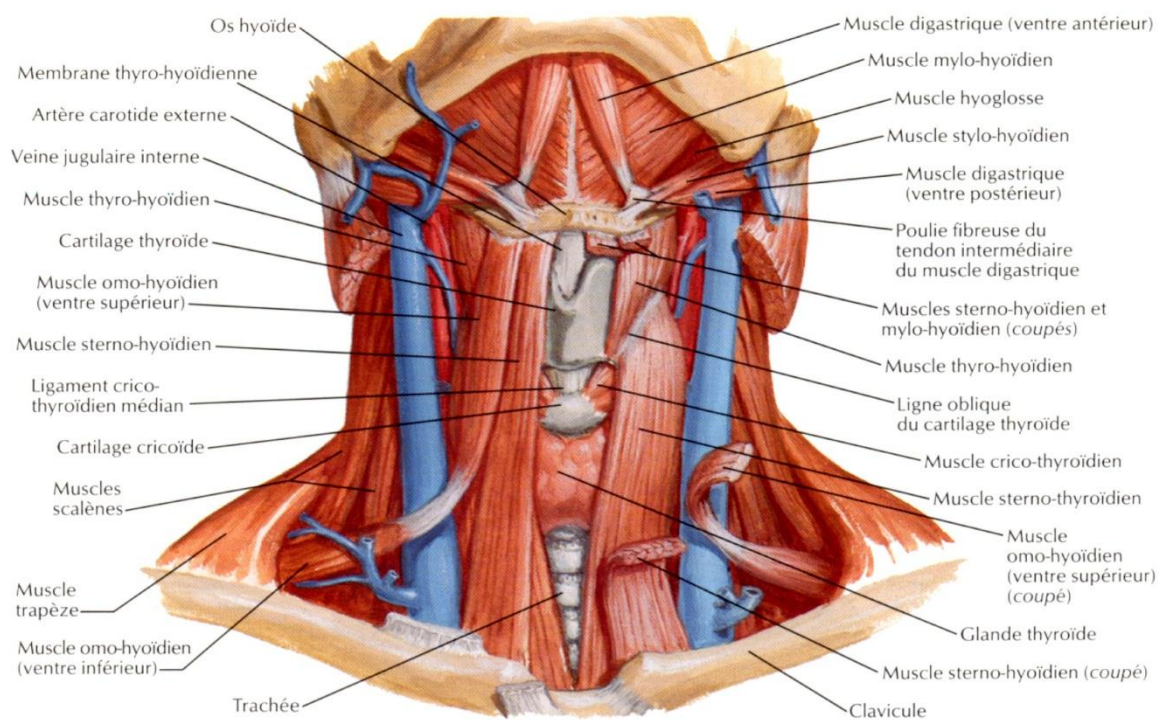
## c. Cou



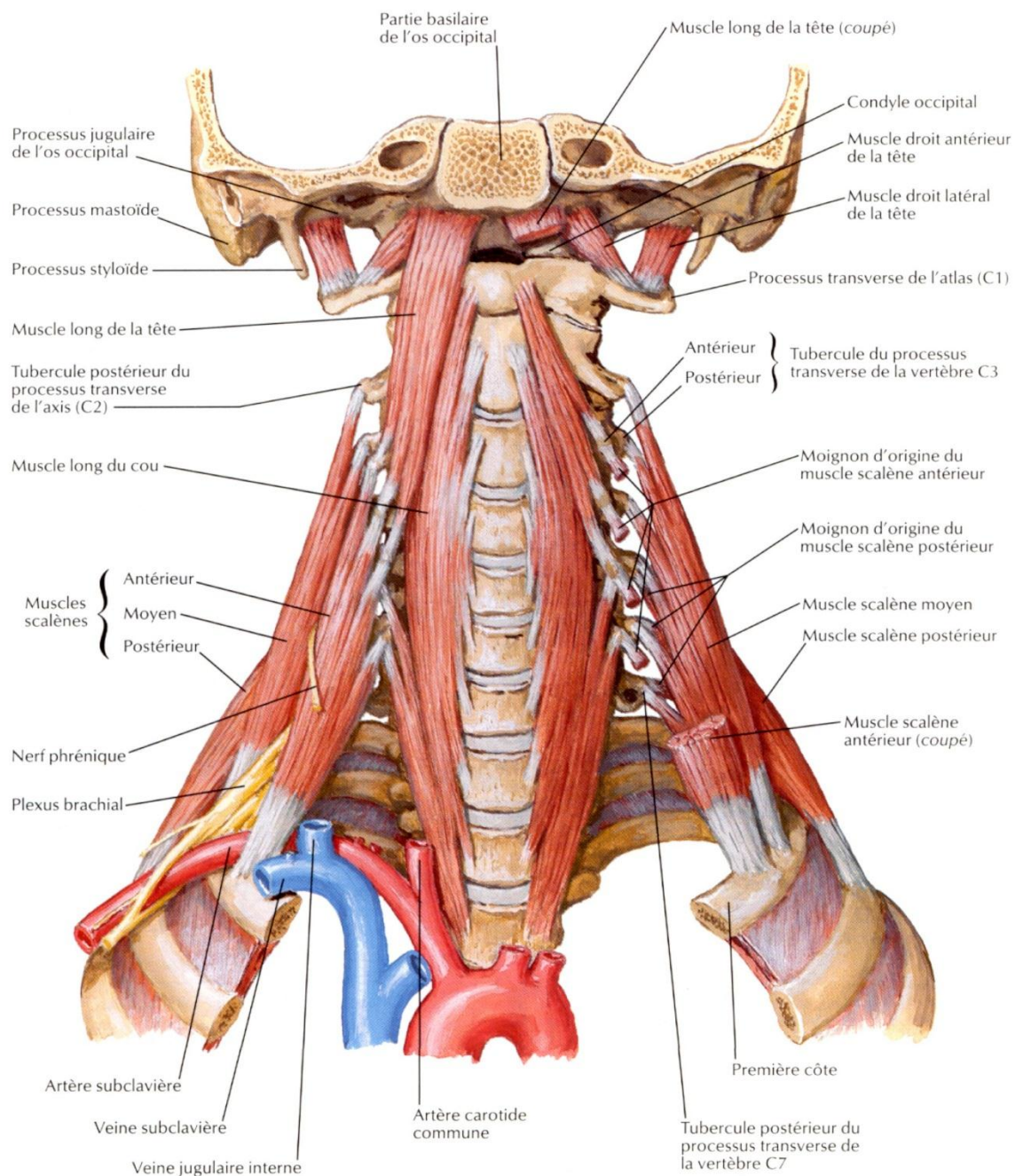




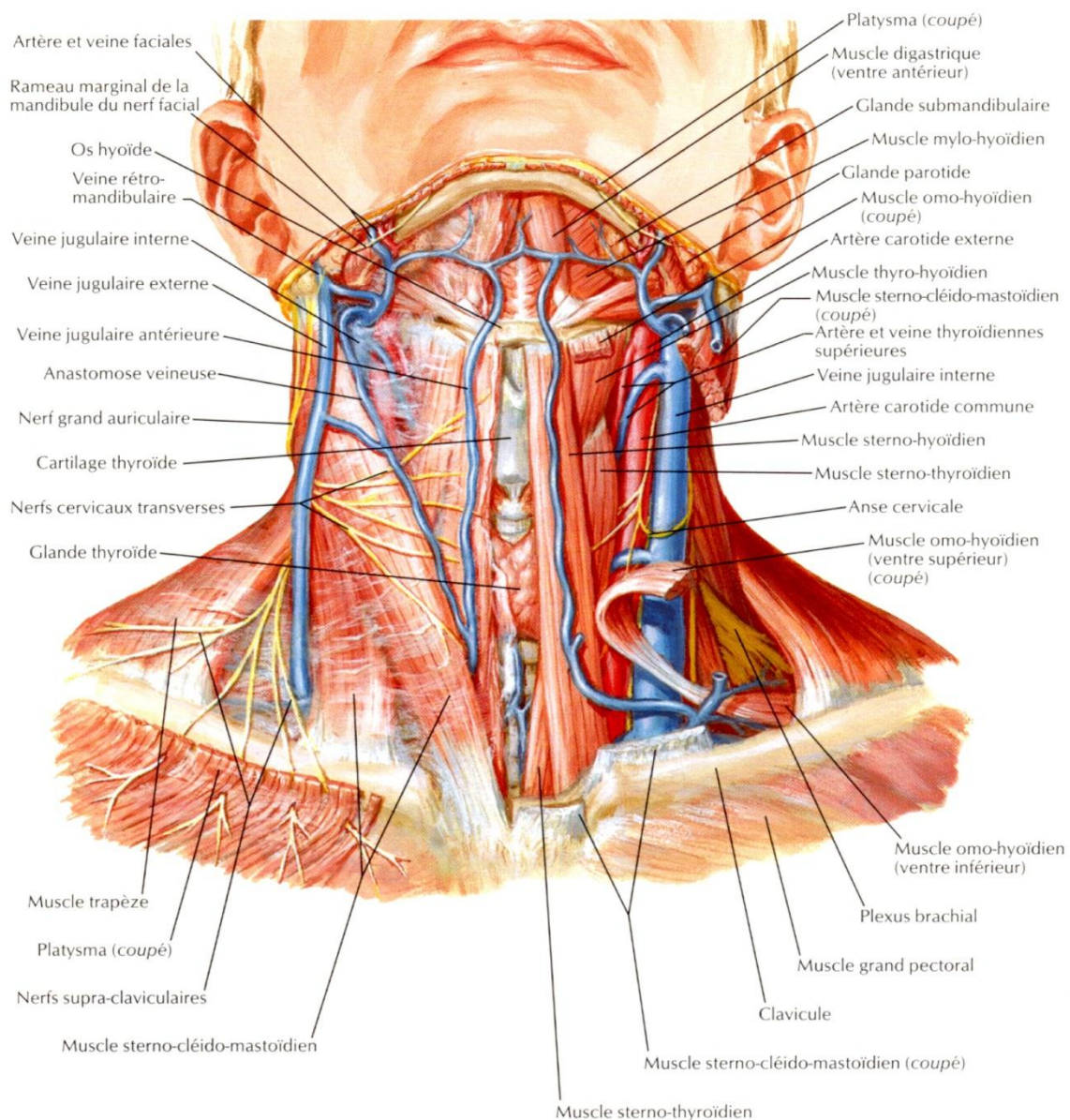




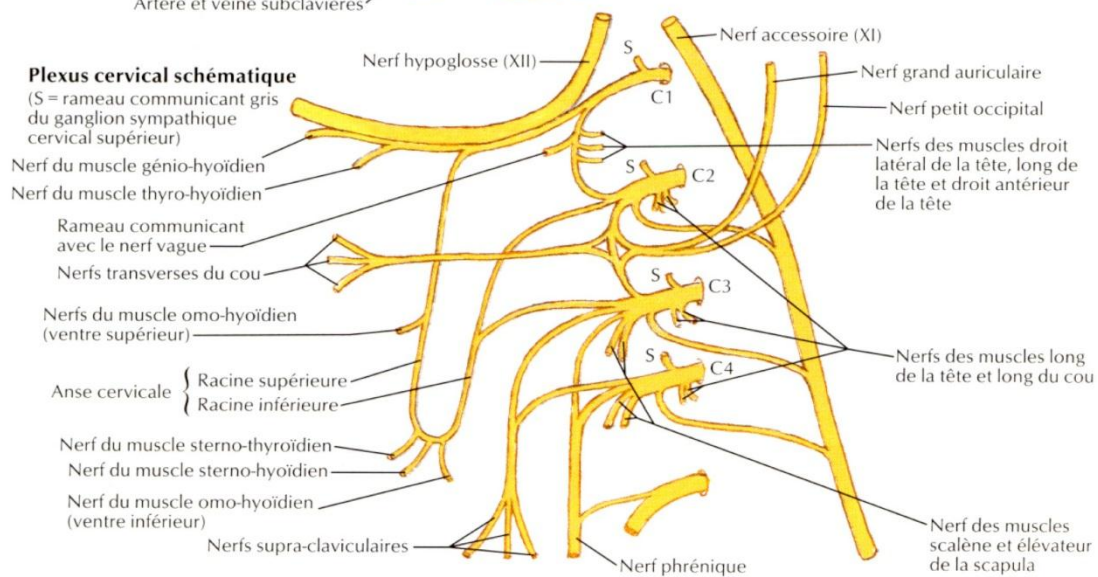
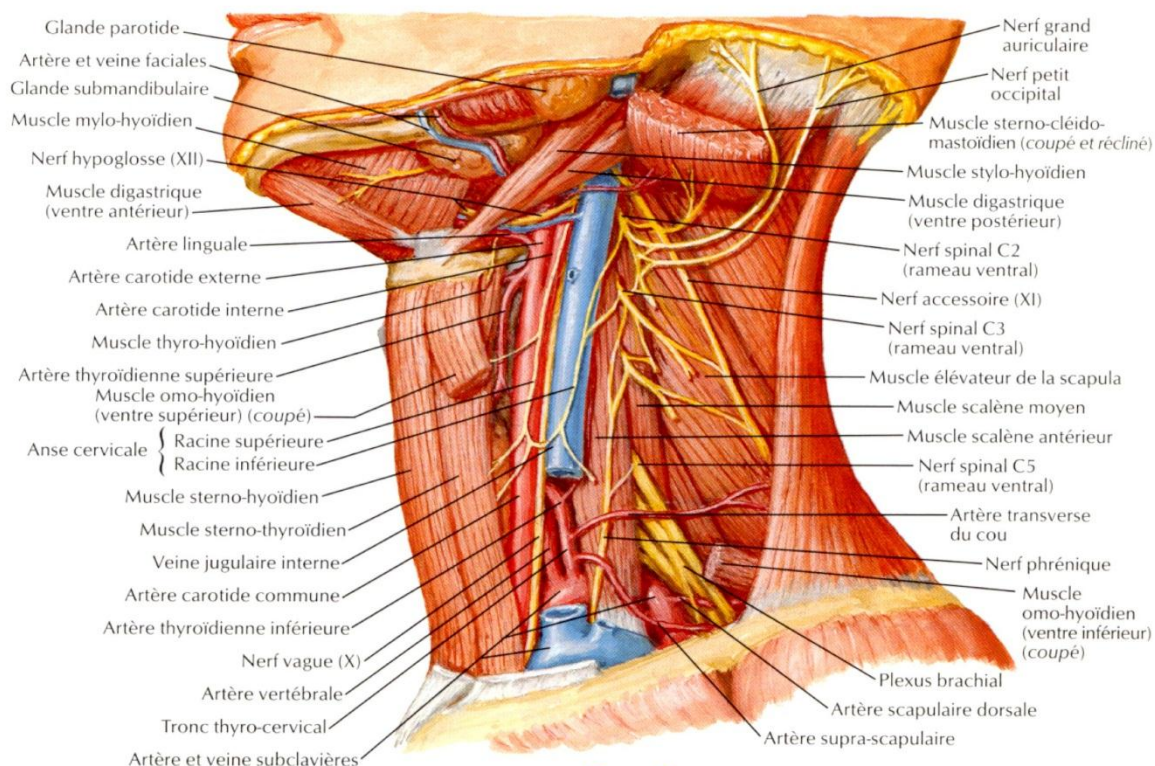
**Action des muscles  
infra-hyoïdiens et  
supra-hyoïdiens :  
vue schématique**



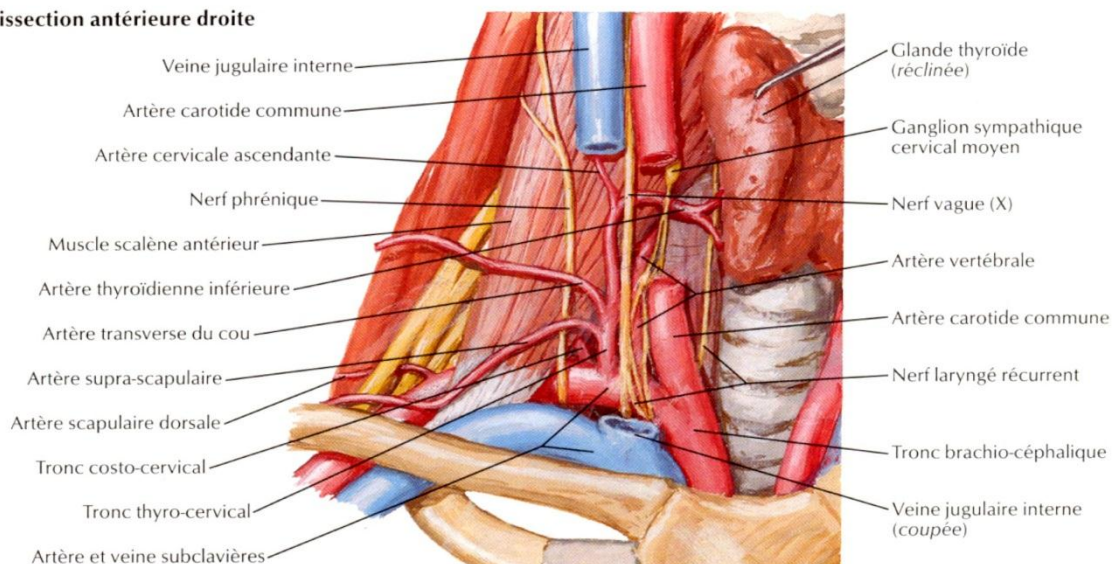




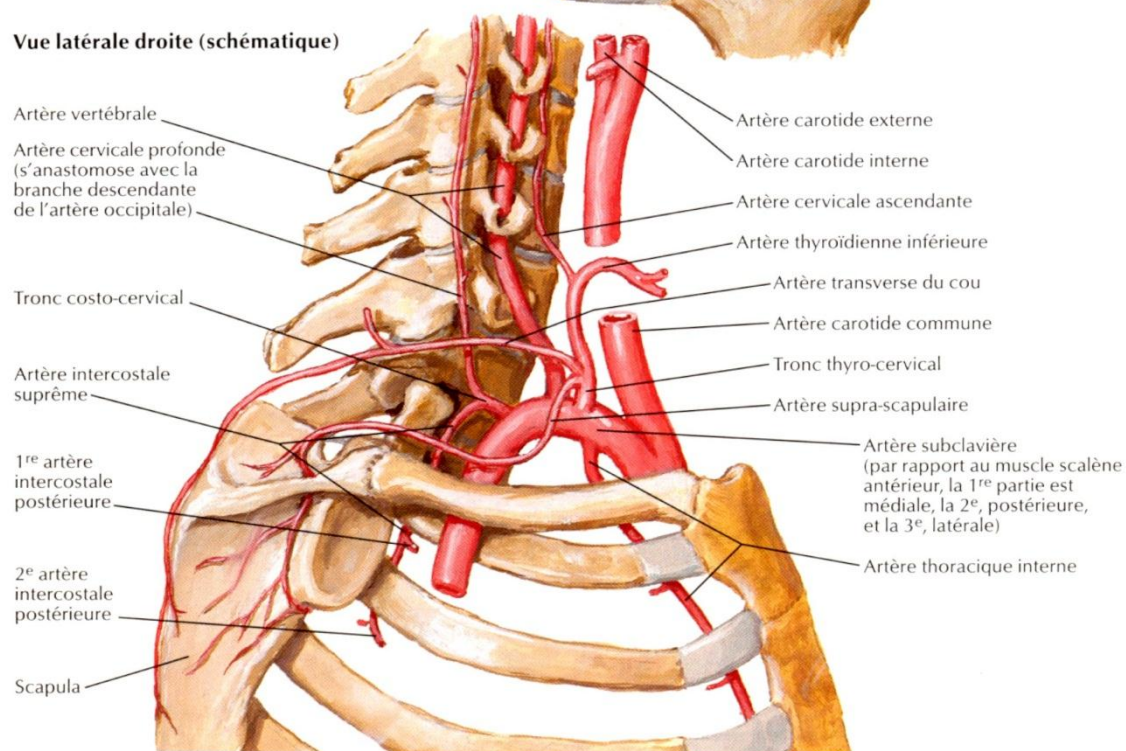




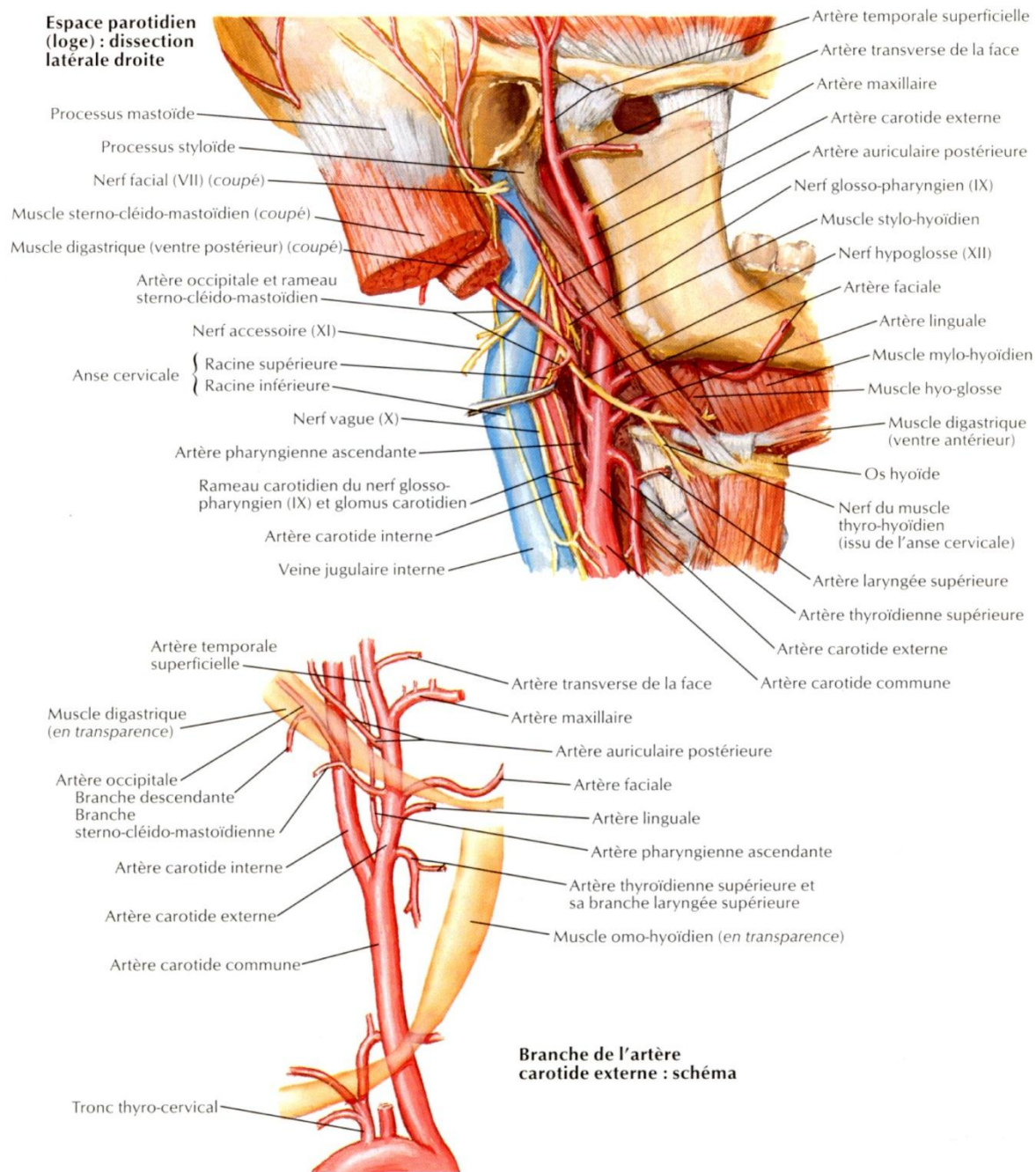
### Dissection antérieure droite



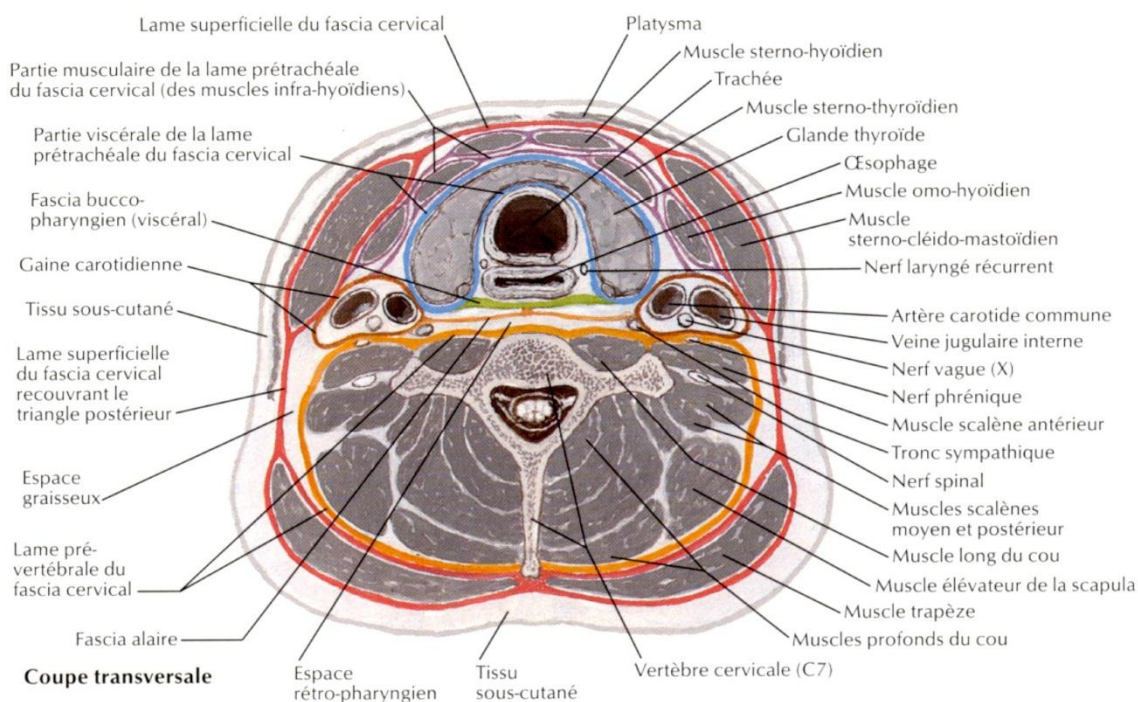
### Vue latérale droite (schématique)



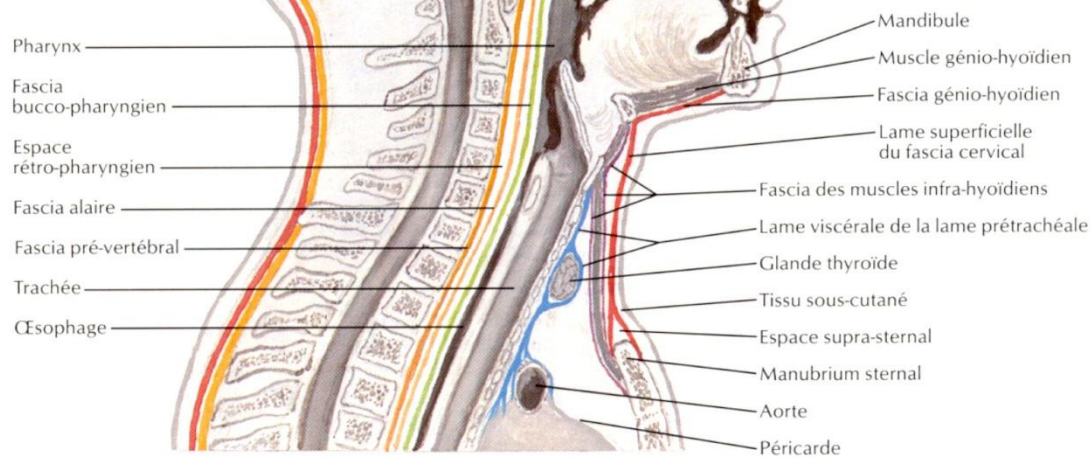






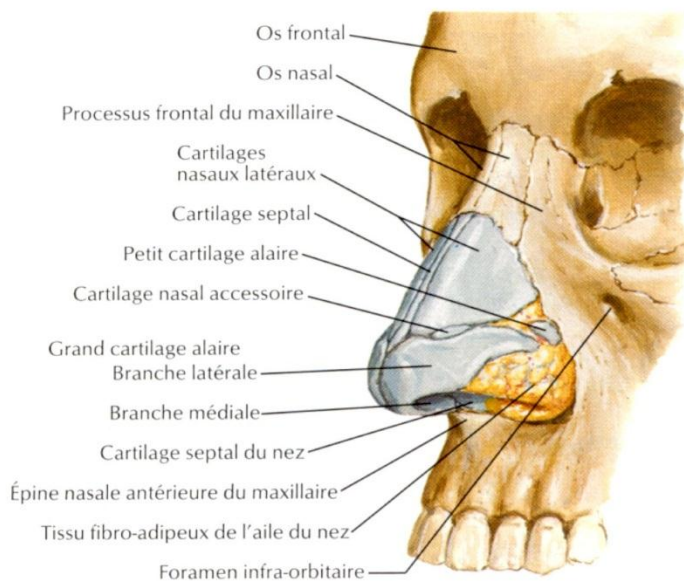


### Coupe sagittale

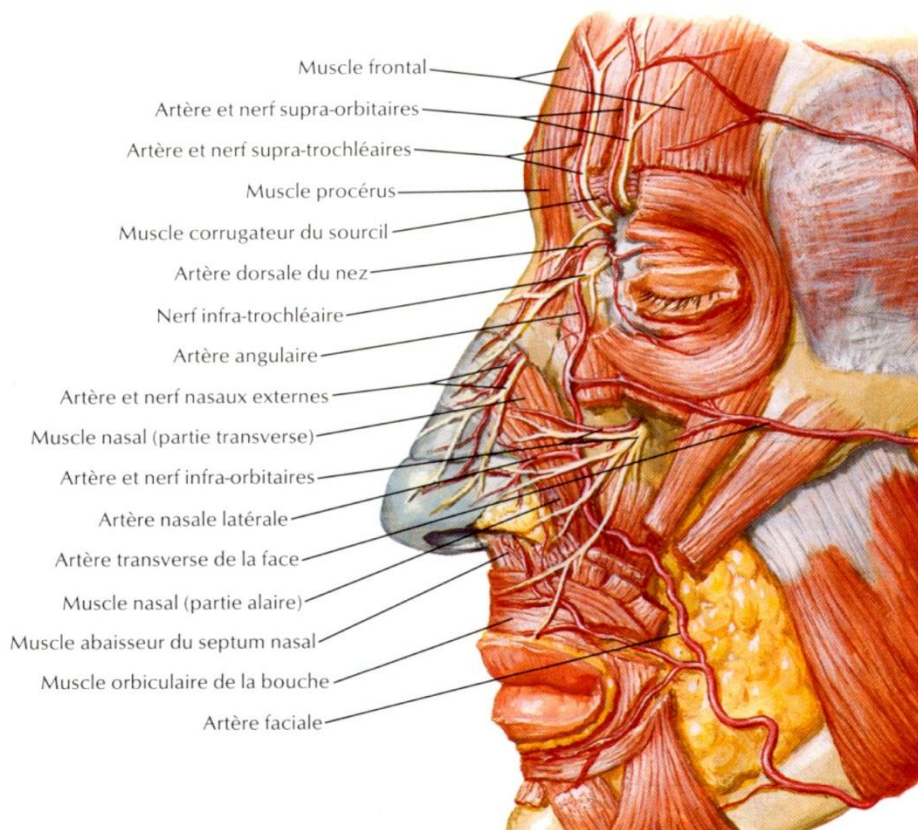
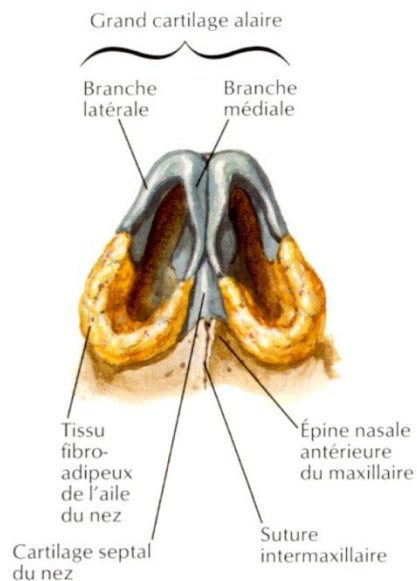


## d. Nez

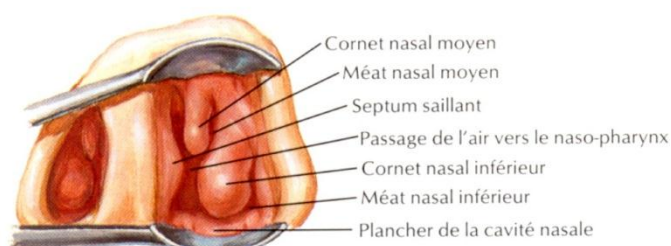
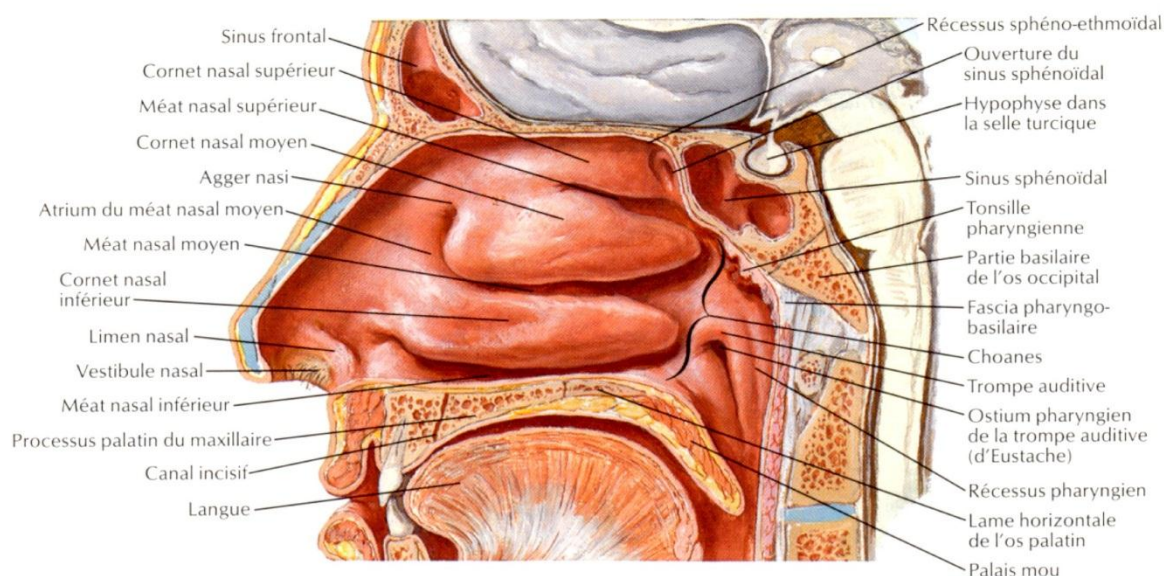
**Vue antéro-latérale**



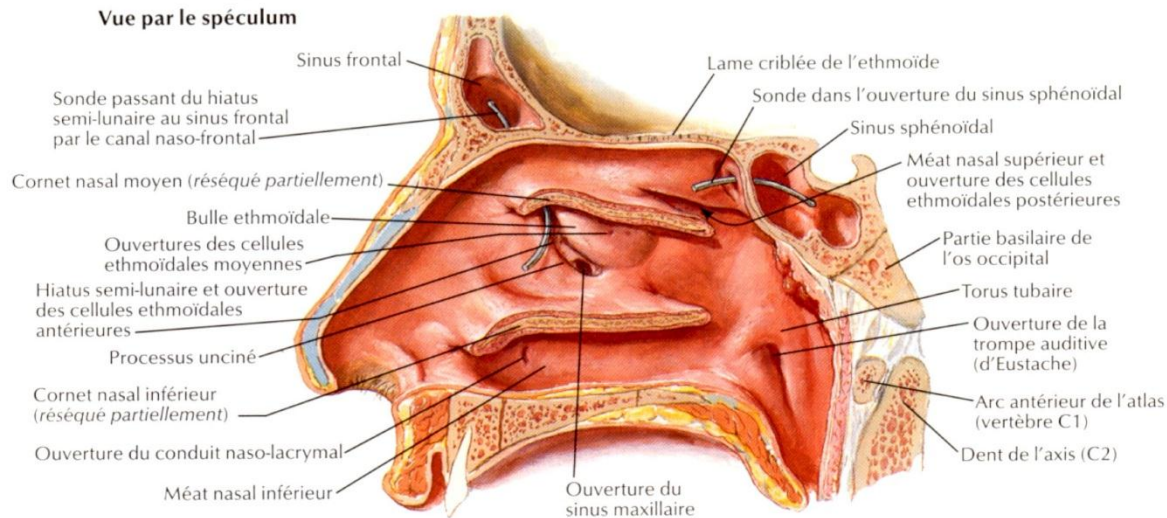
**Vue inférieure**



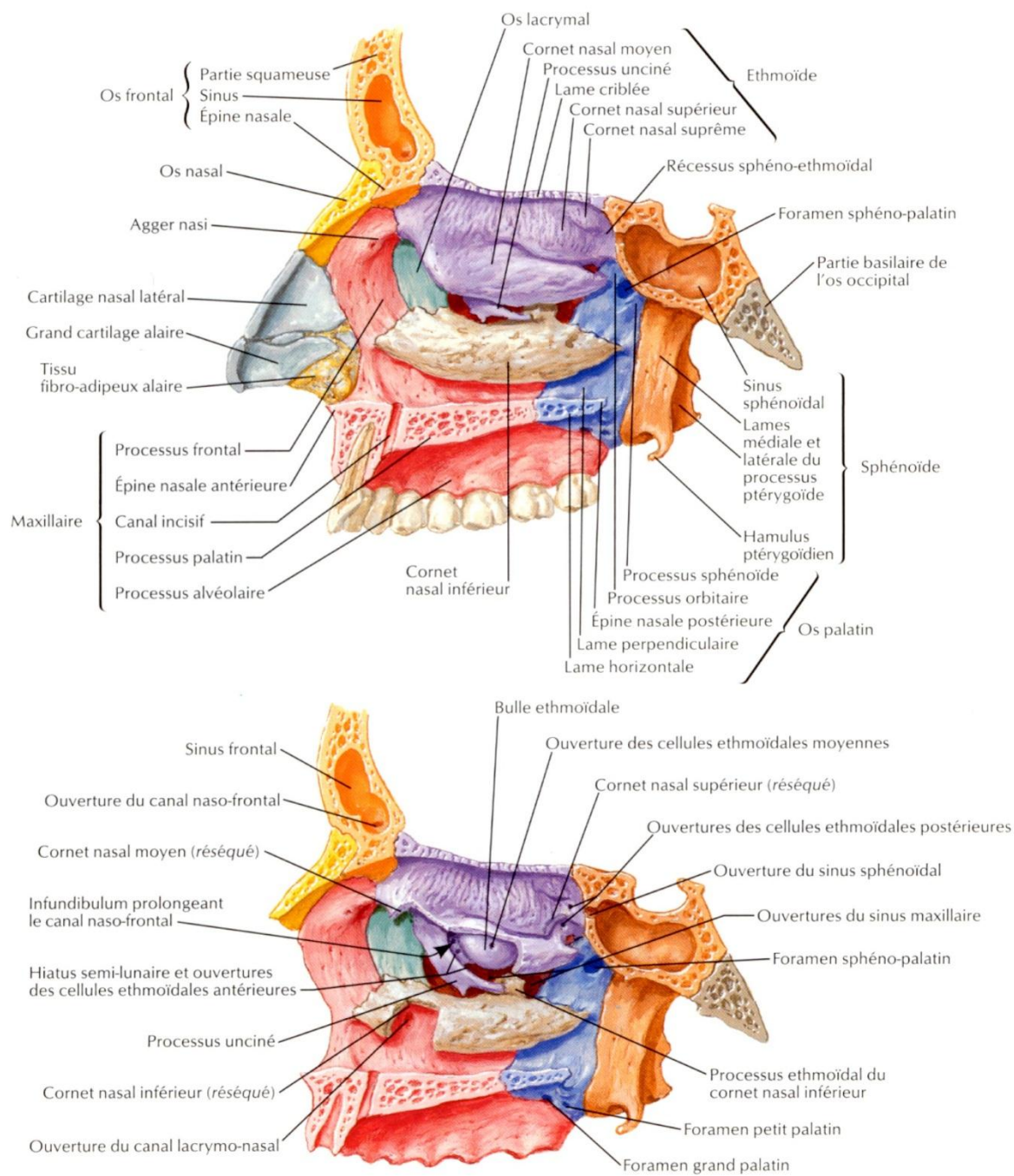


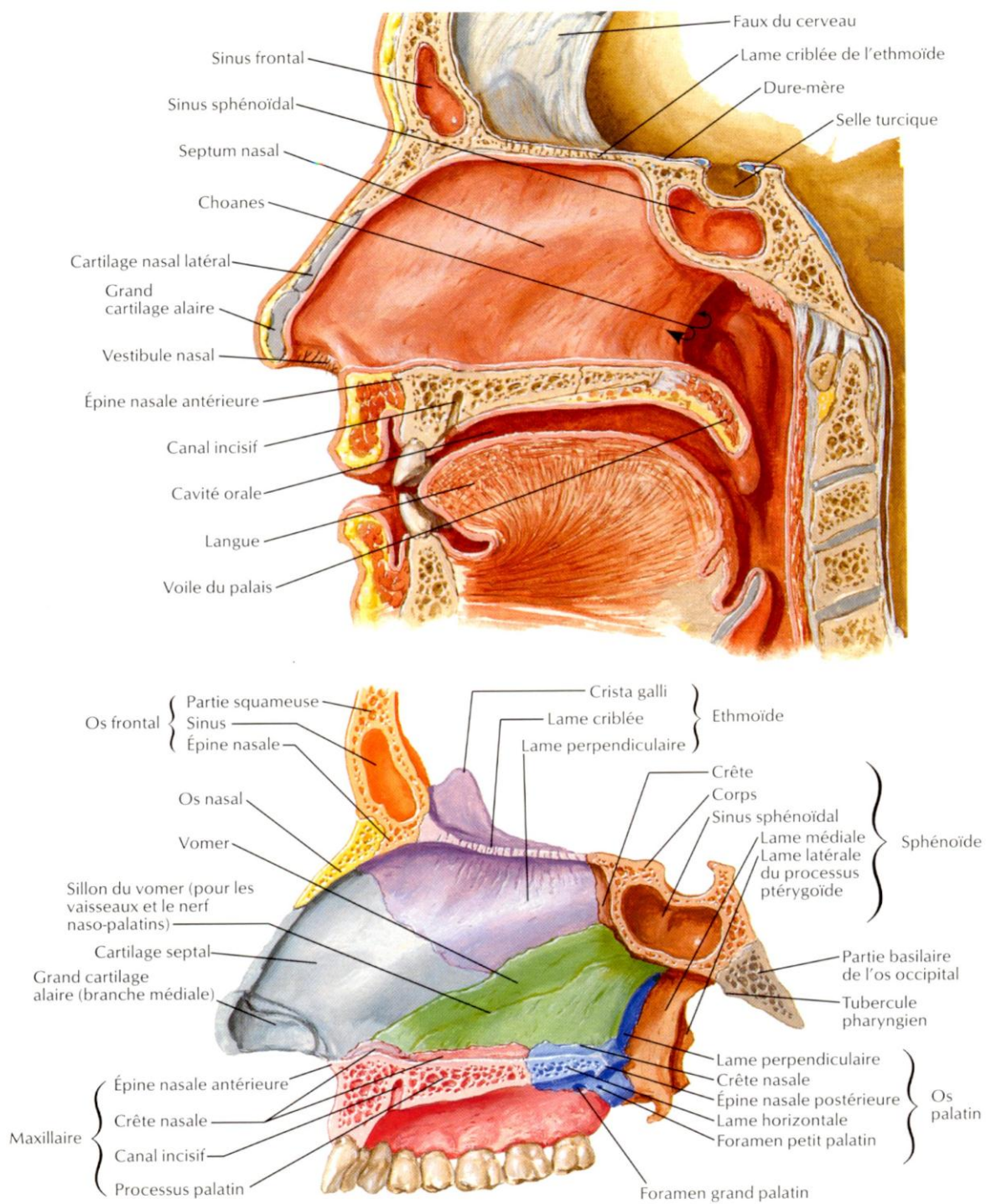


**Vue par le spéculum**

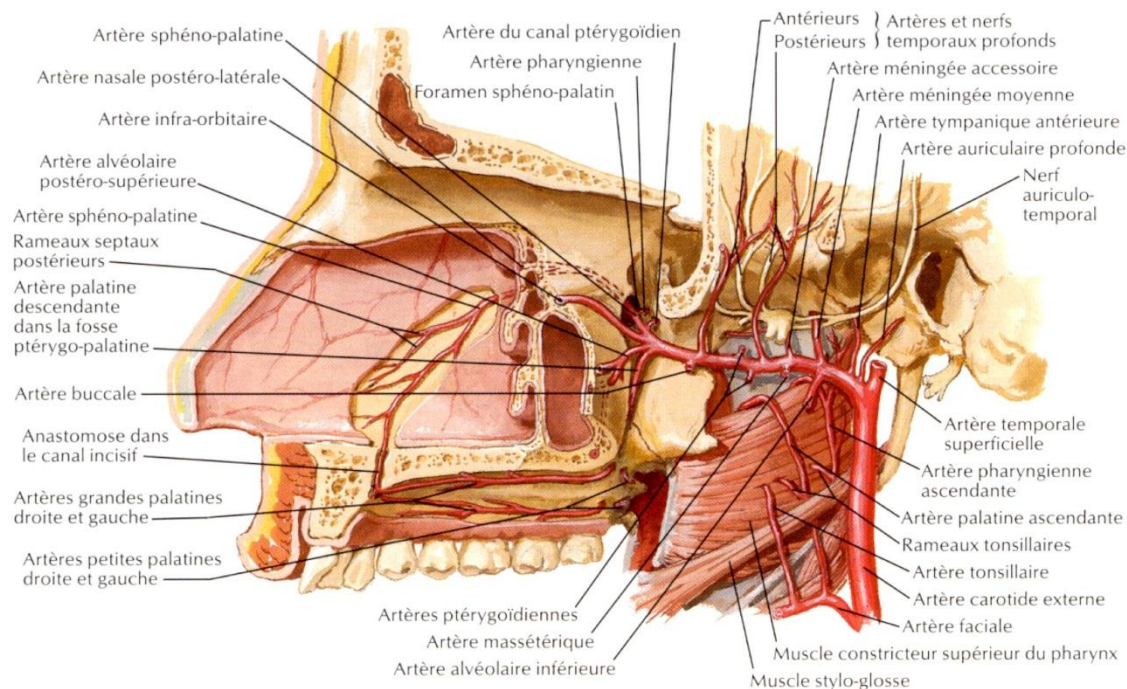
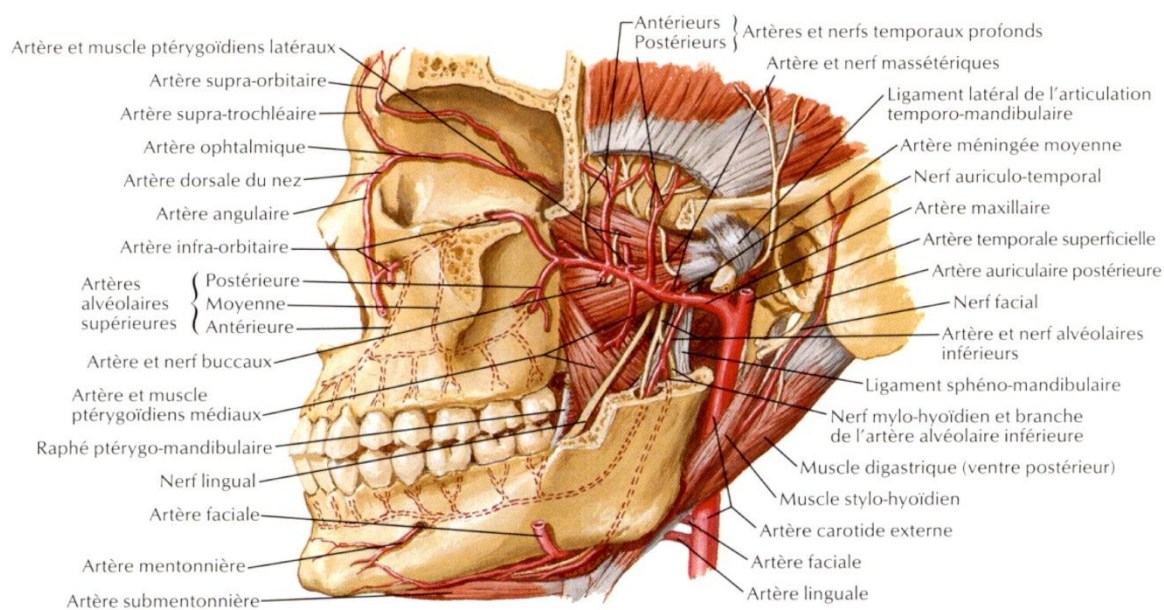




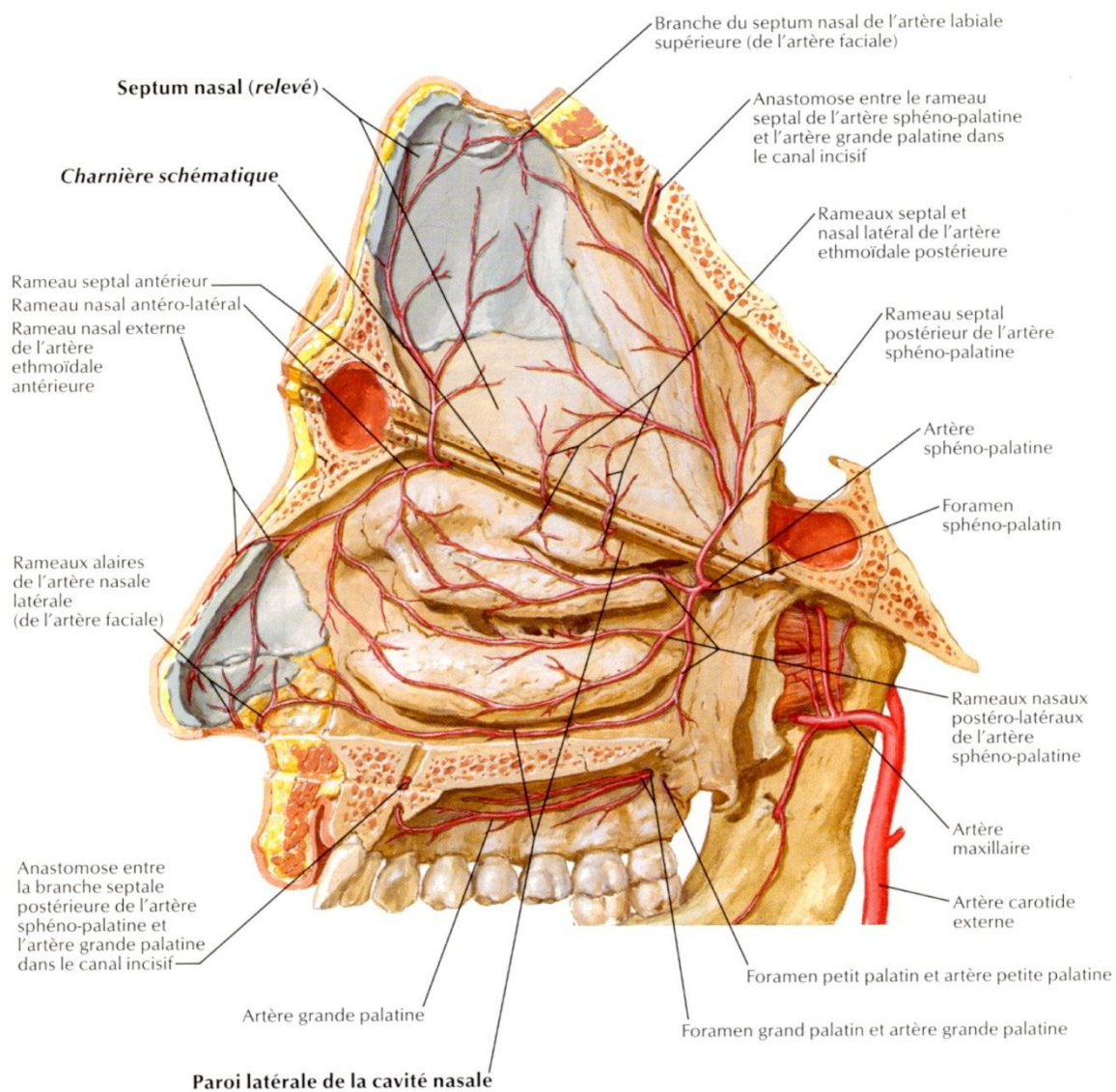


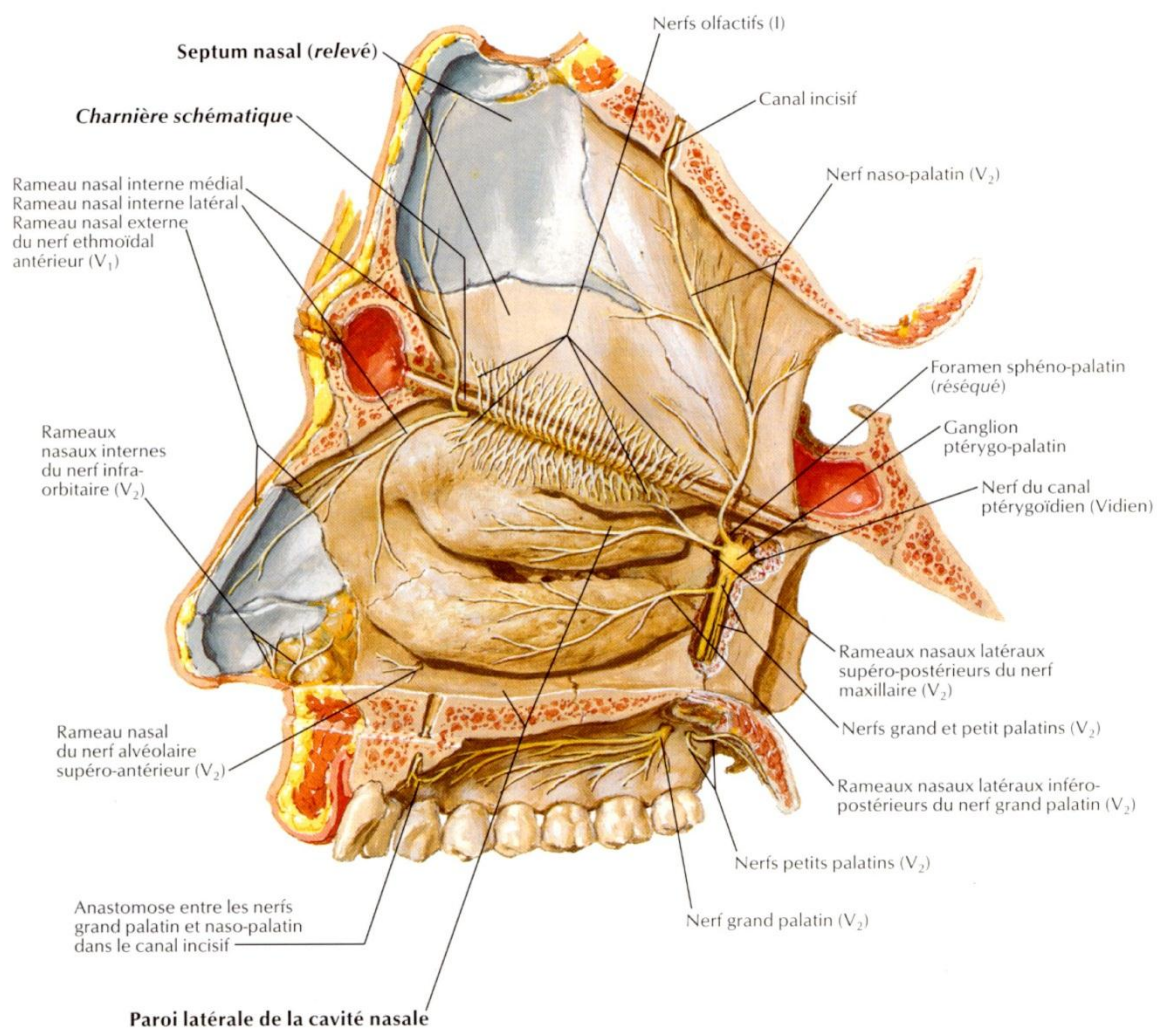






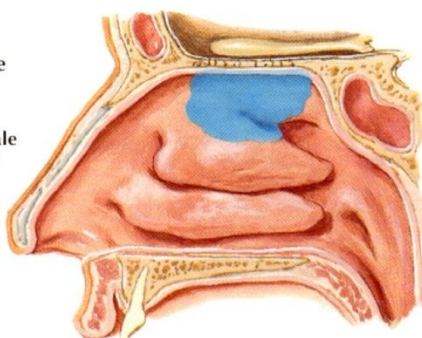




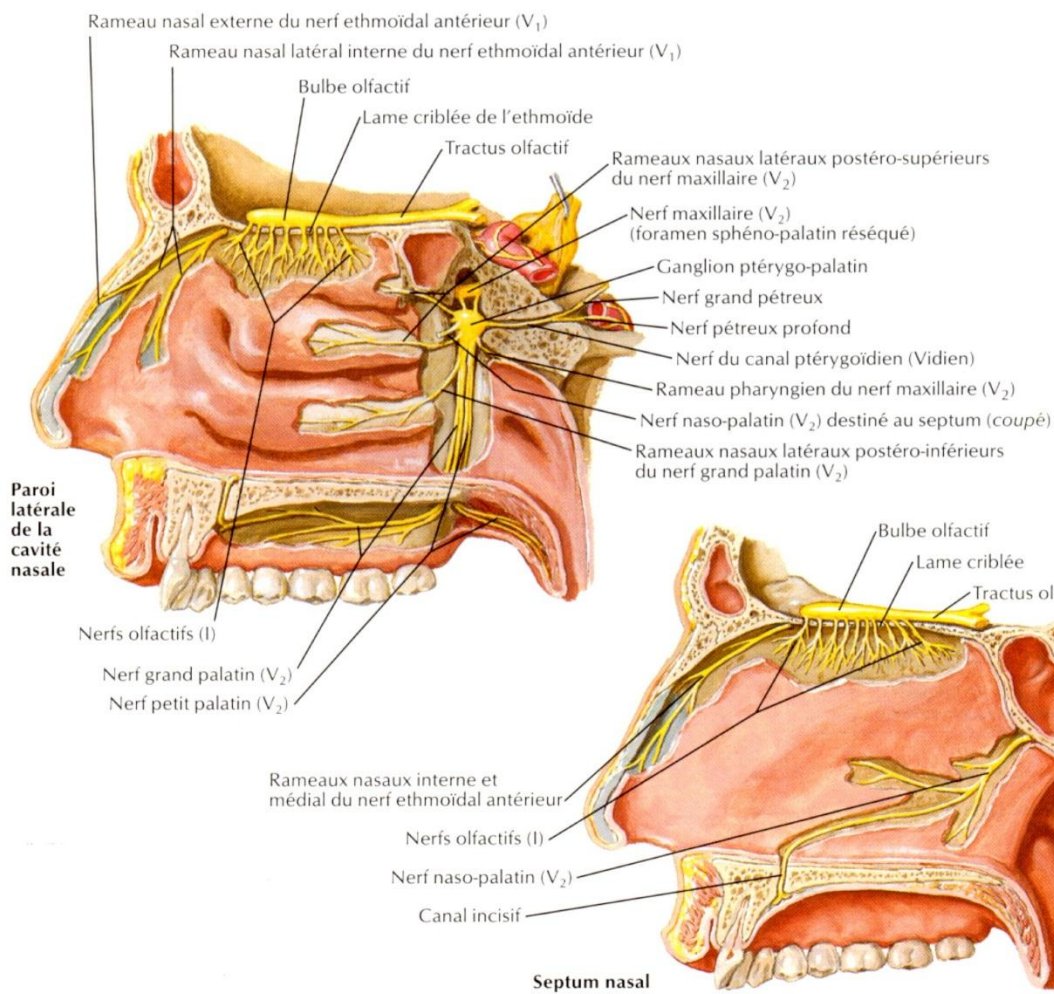
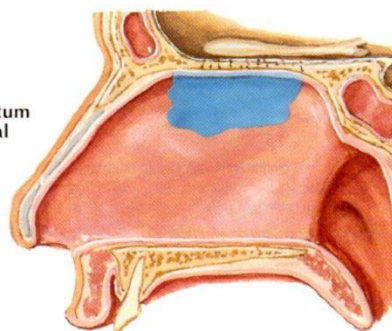


# Topographie de la muqueuse olfactive (en bleu)

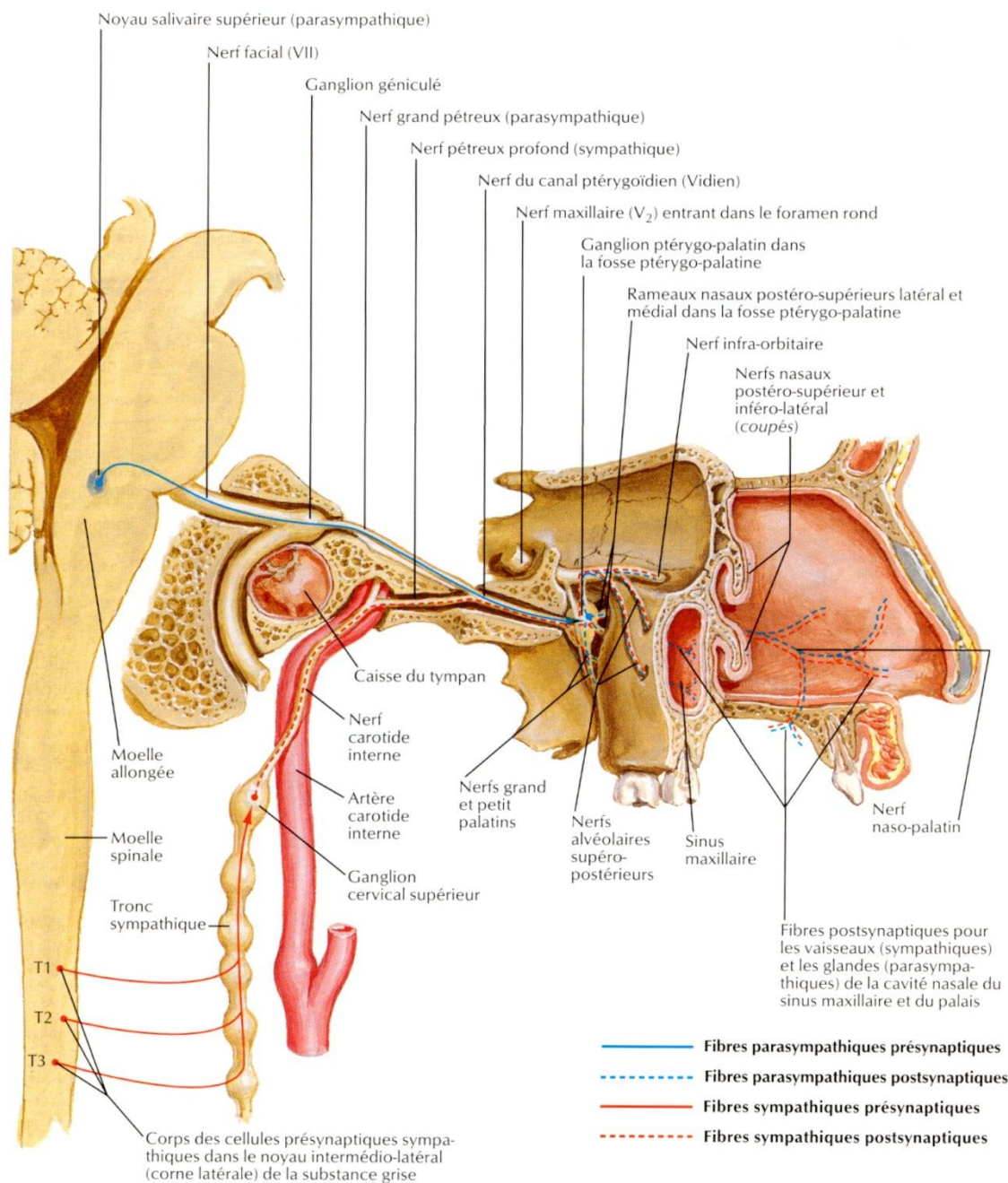
Paroi latérale  
de la cavité  
nasale

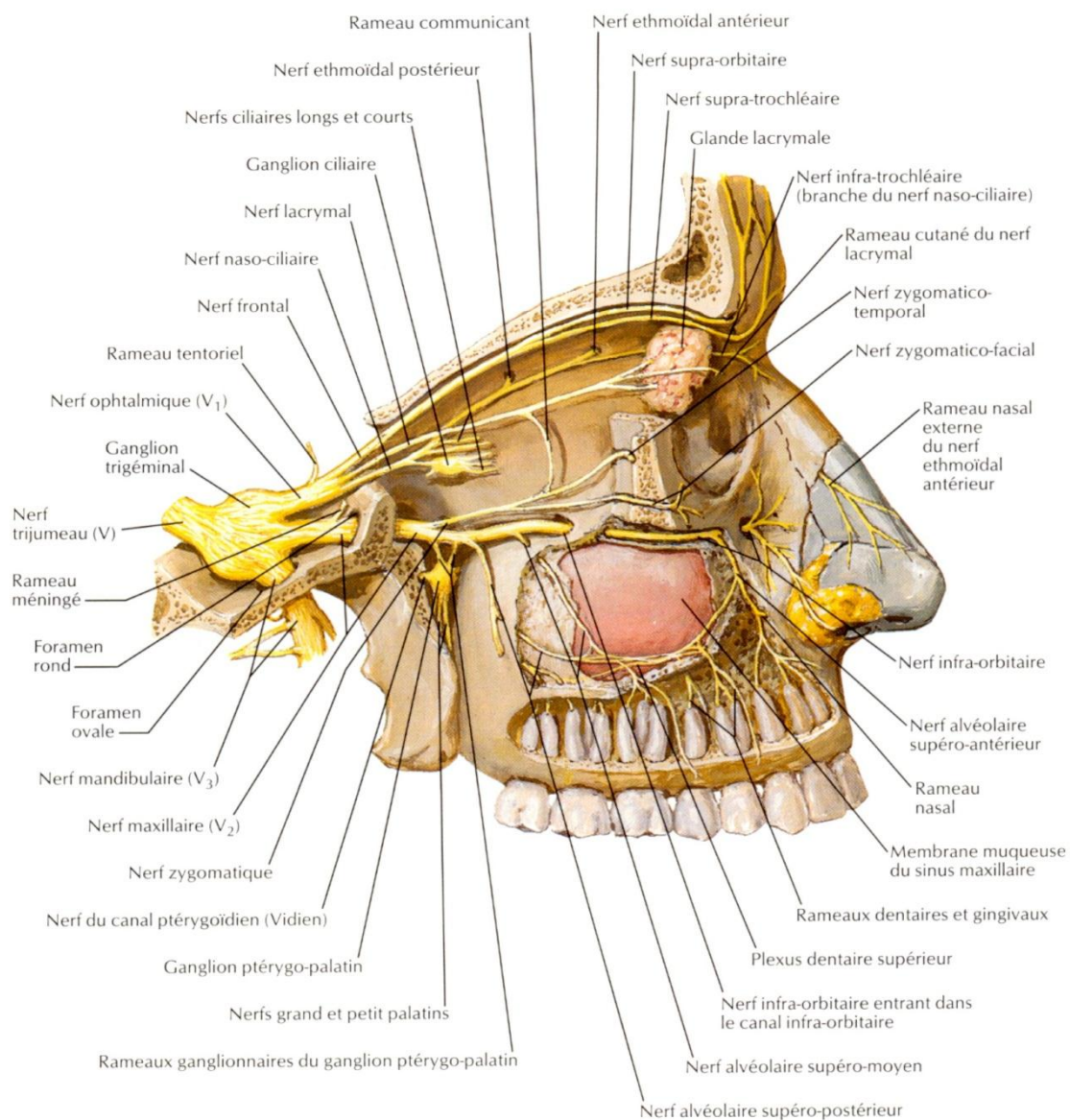


Septum  
nasal

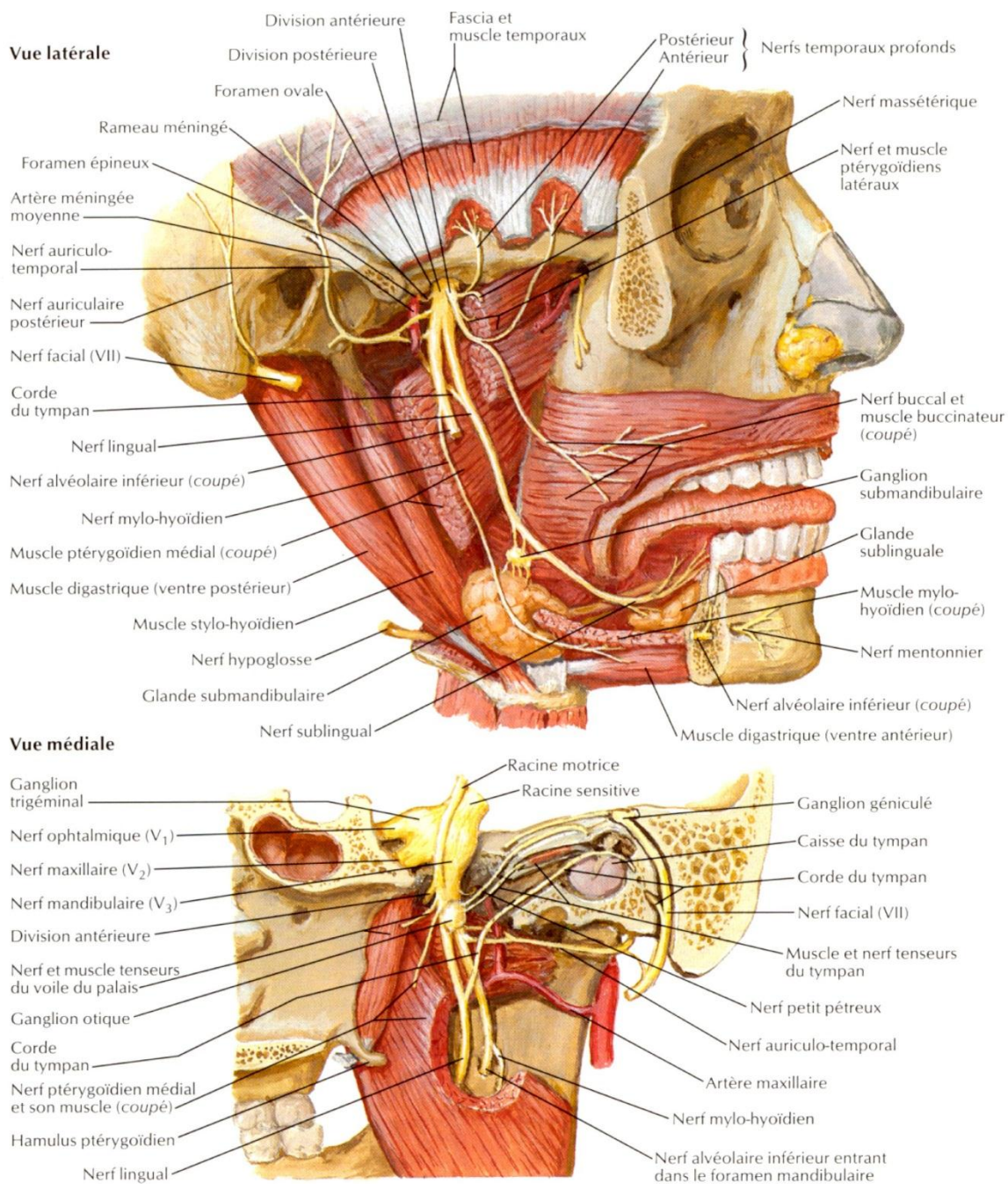




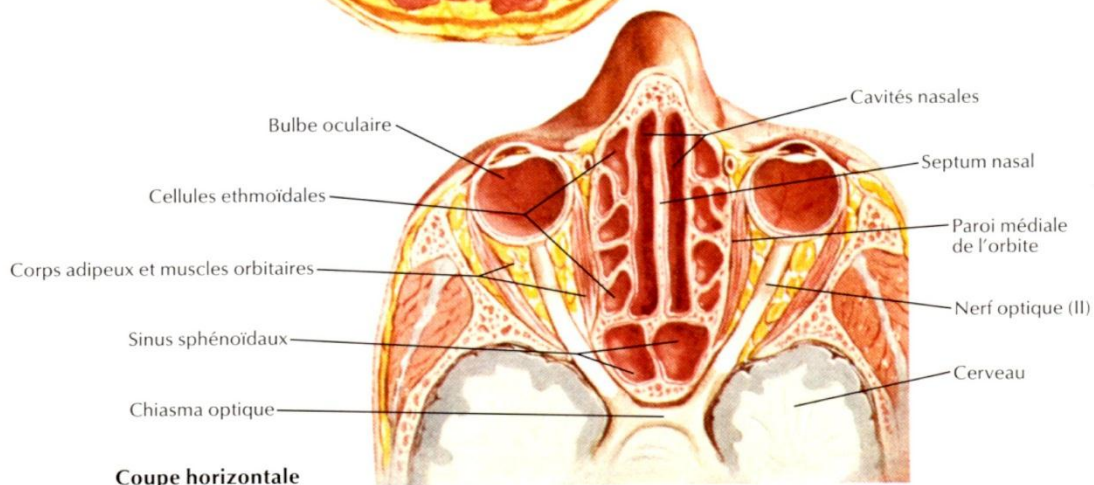
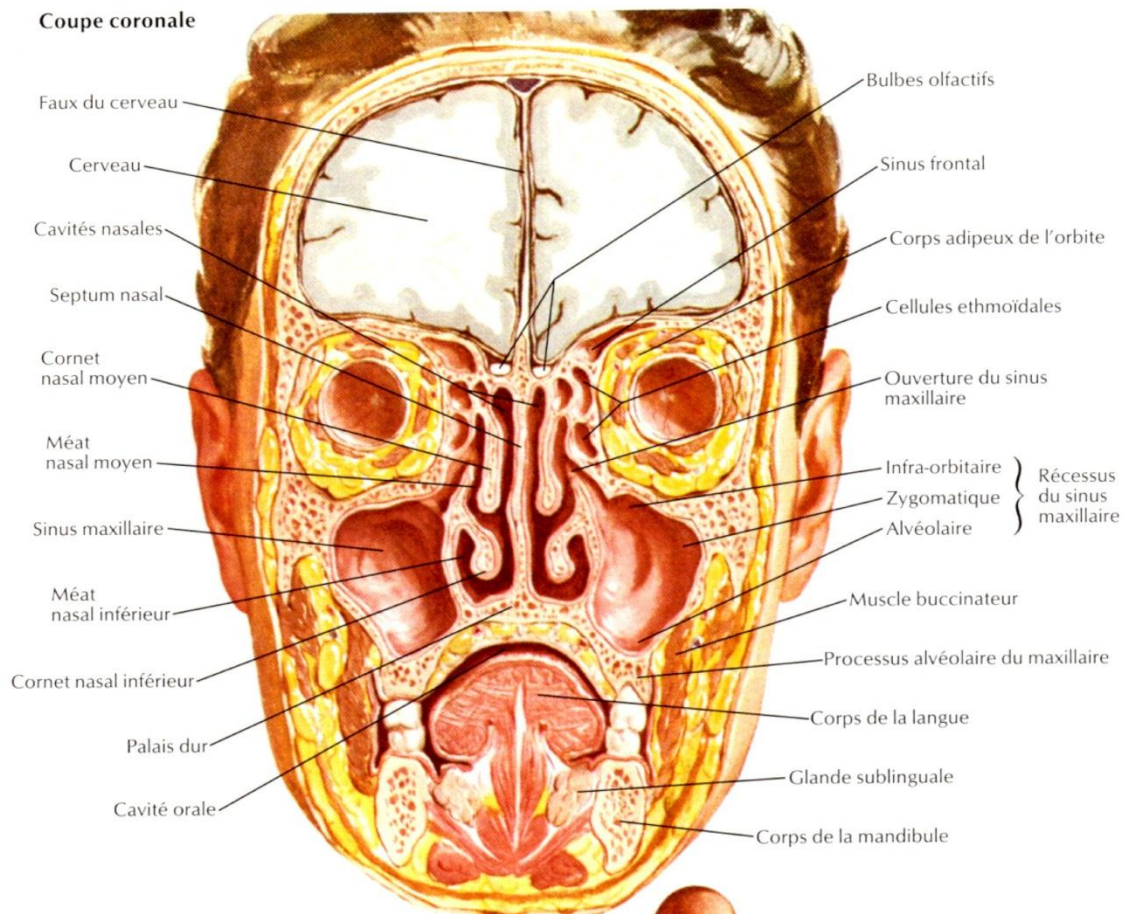






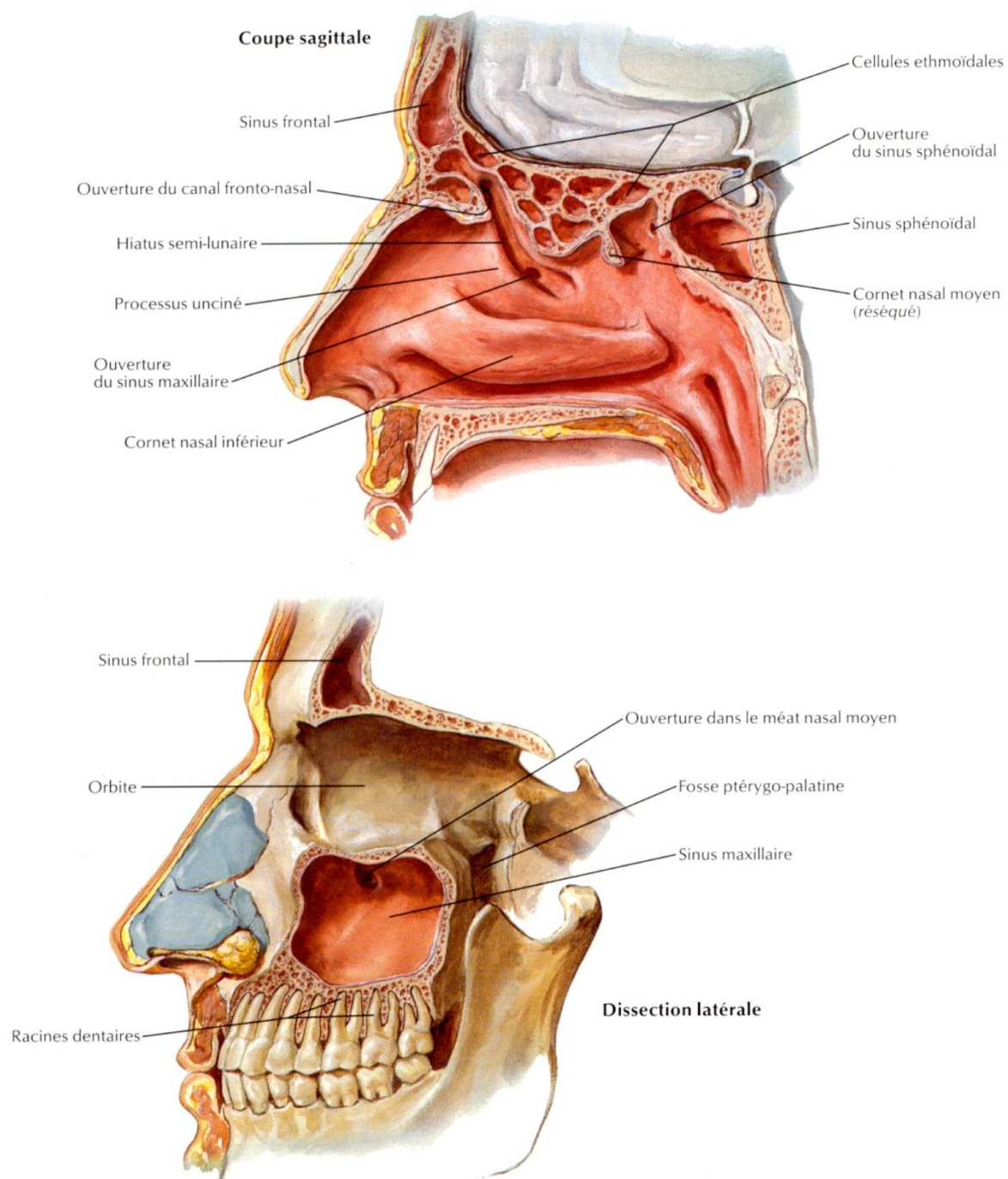


### Coupe coronale

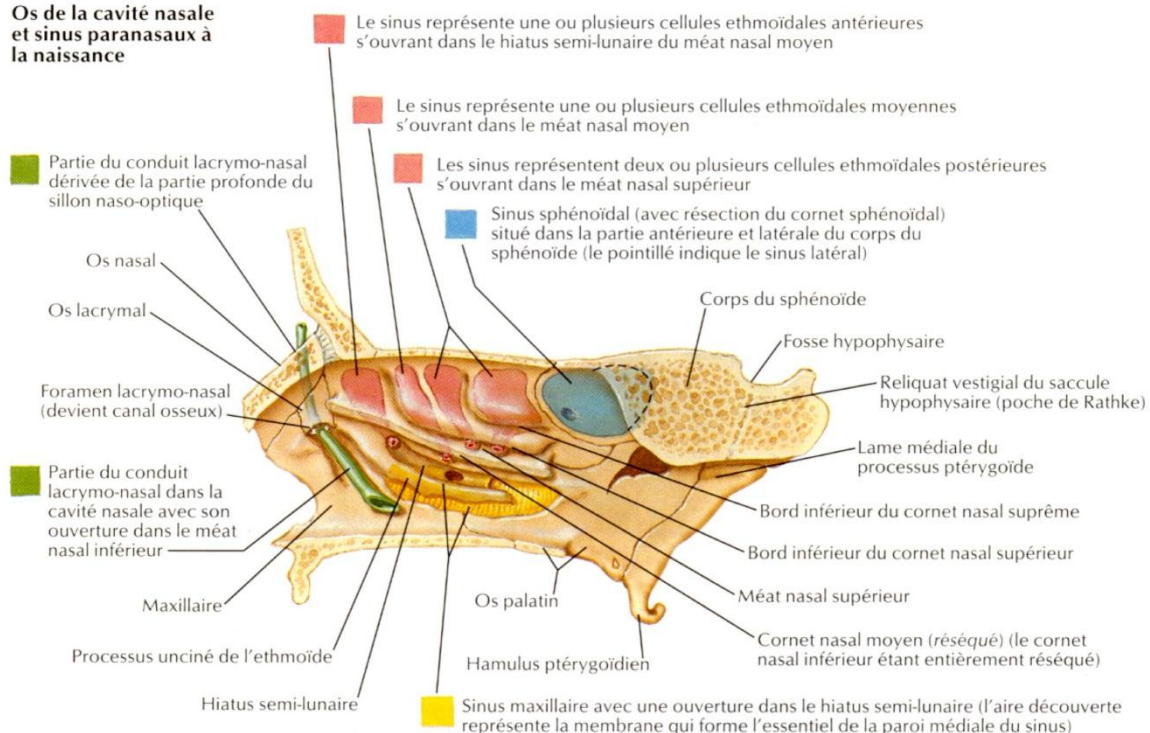


### Coupe horizontale

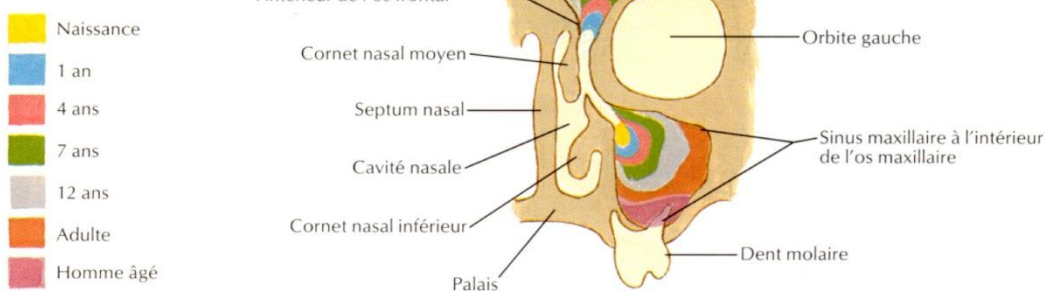




### Os de la cavité nasale et sinus paranasaux à la naissance

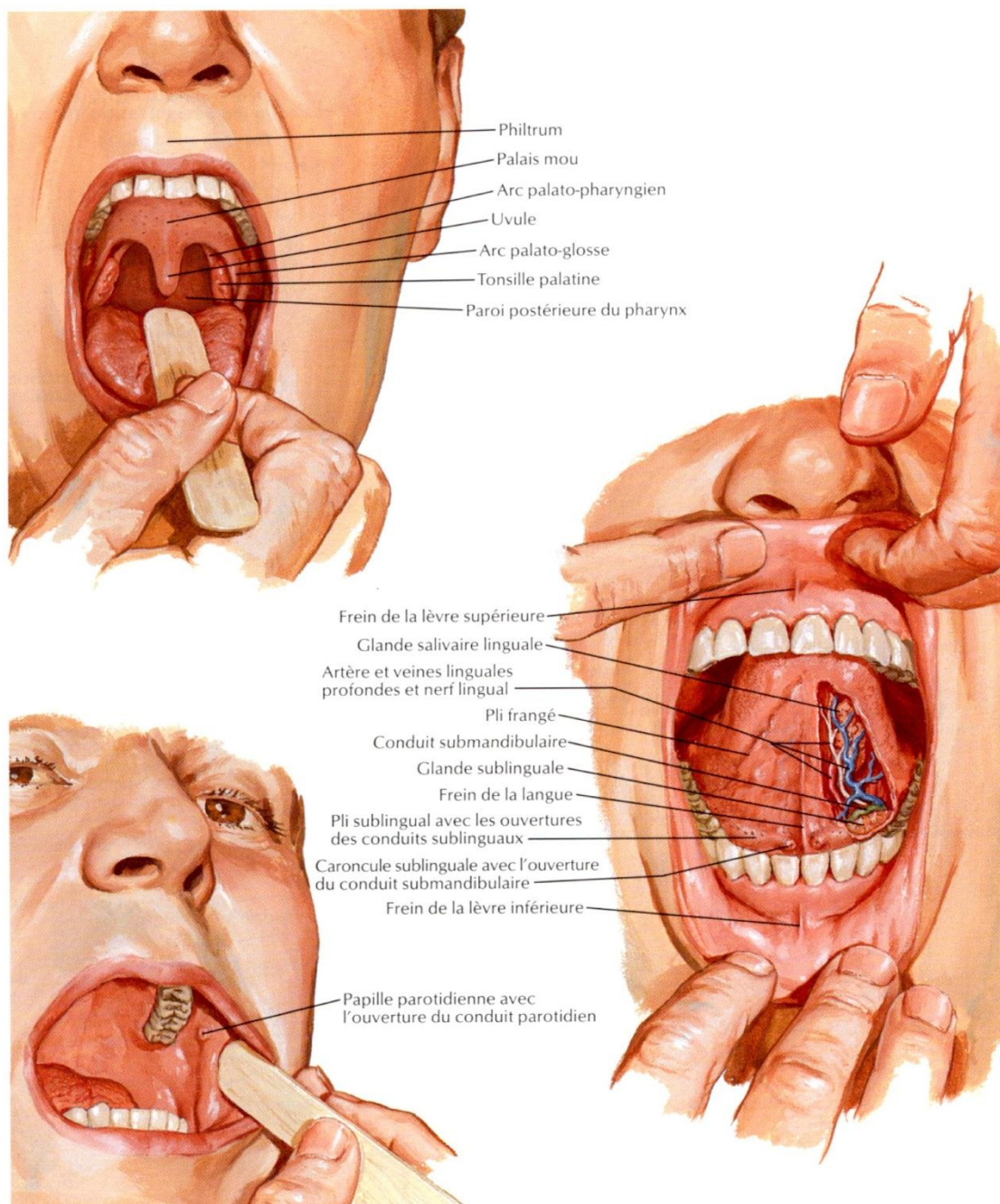


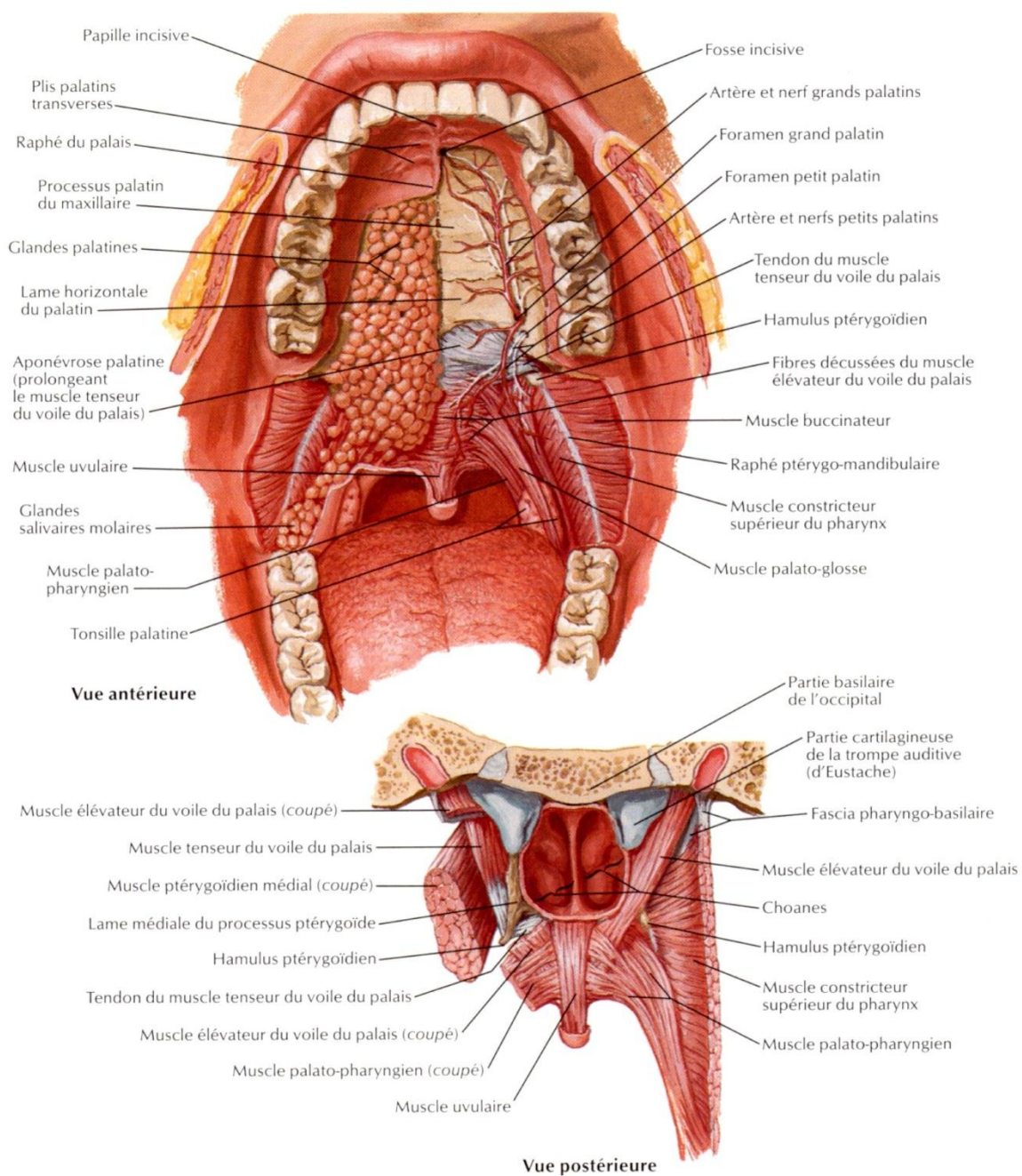
### Développement des sinus frontaux et maxillaires durant la vie





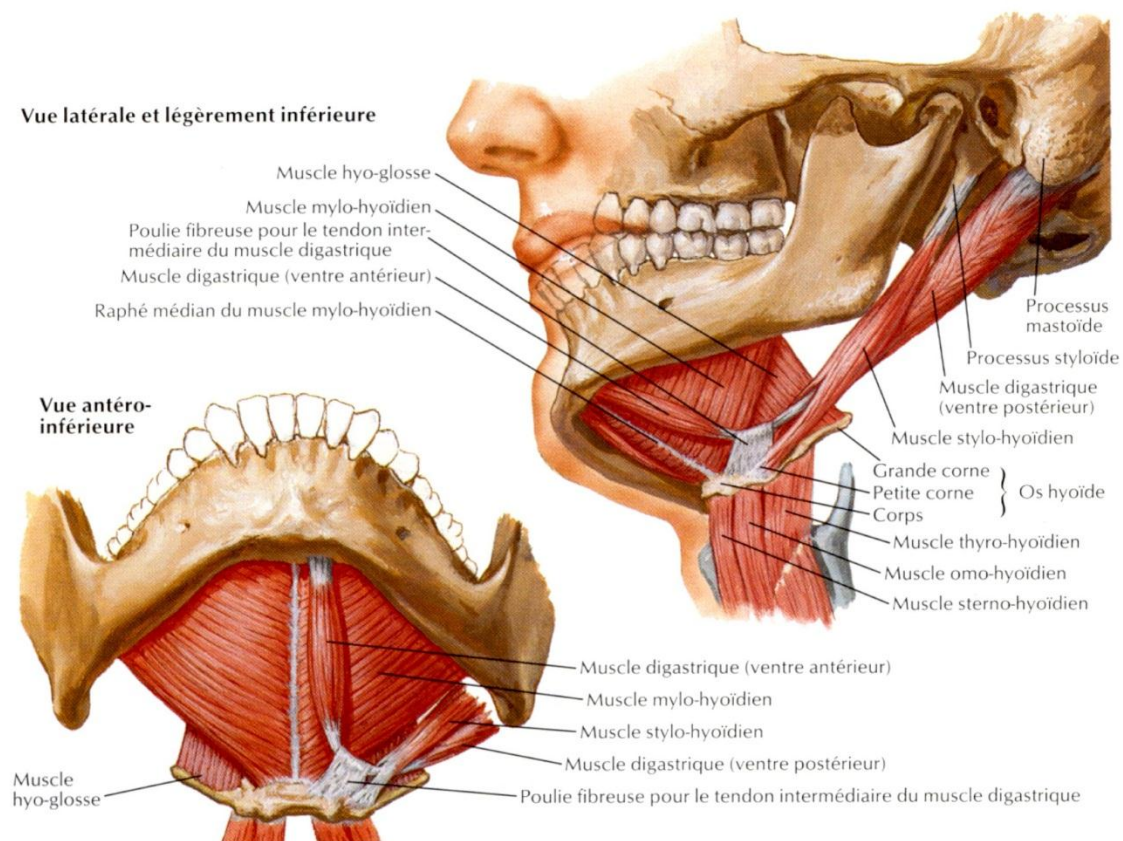
## e. Bouche



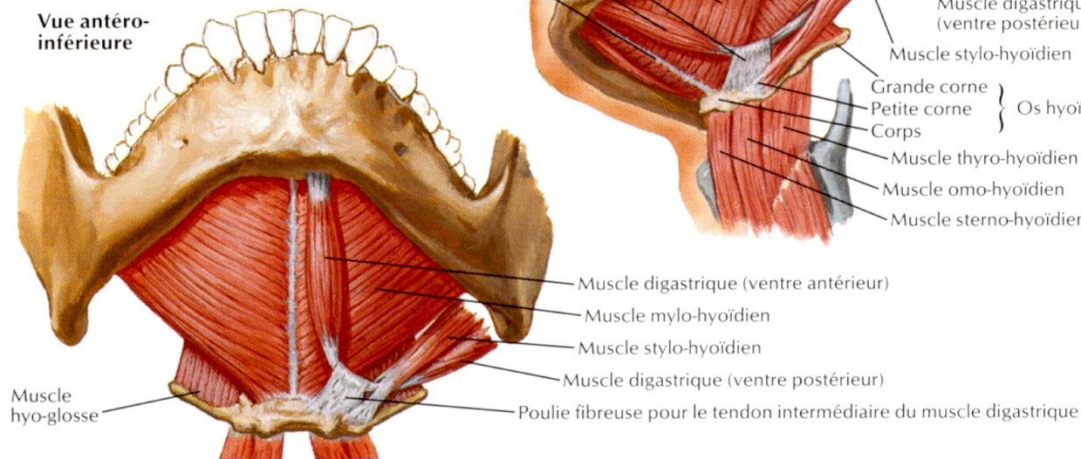




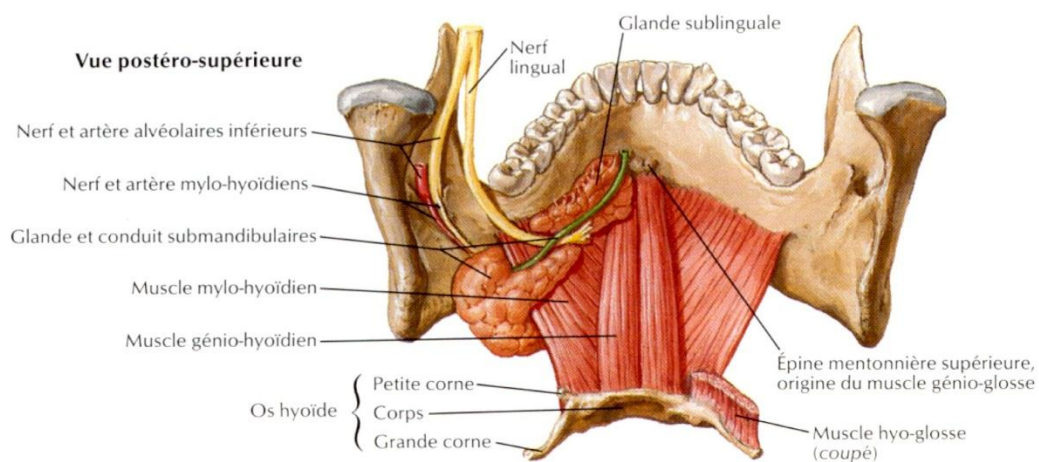
### Vue latérale et légèrement inférieure

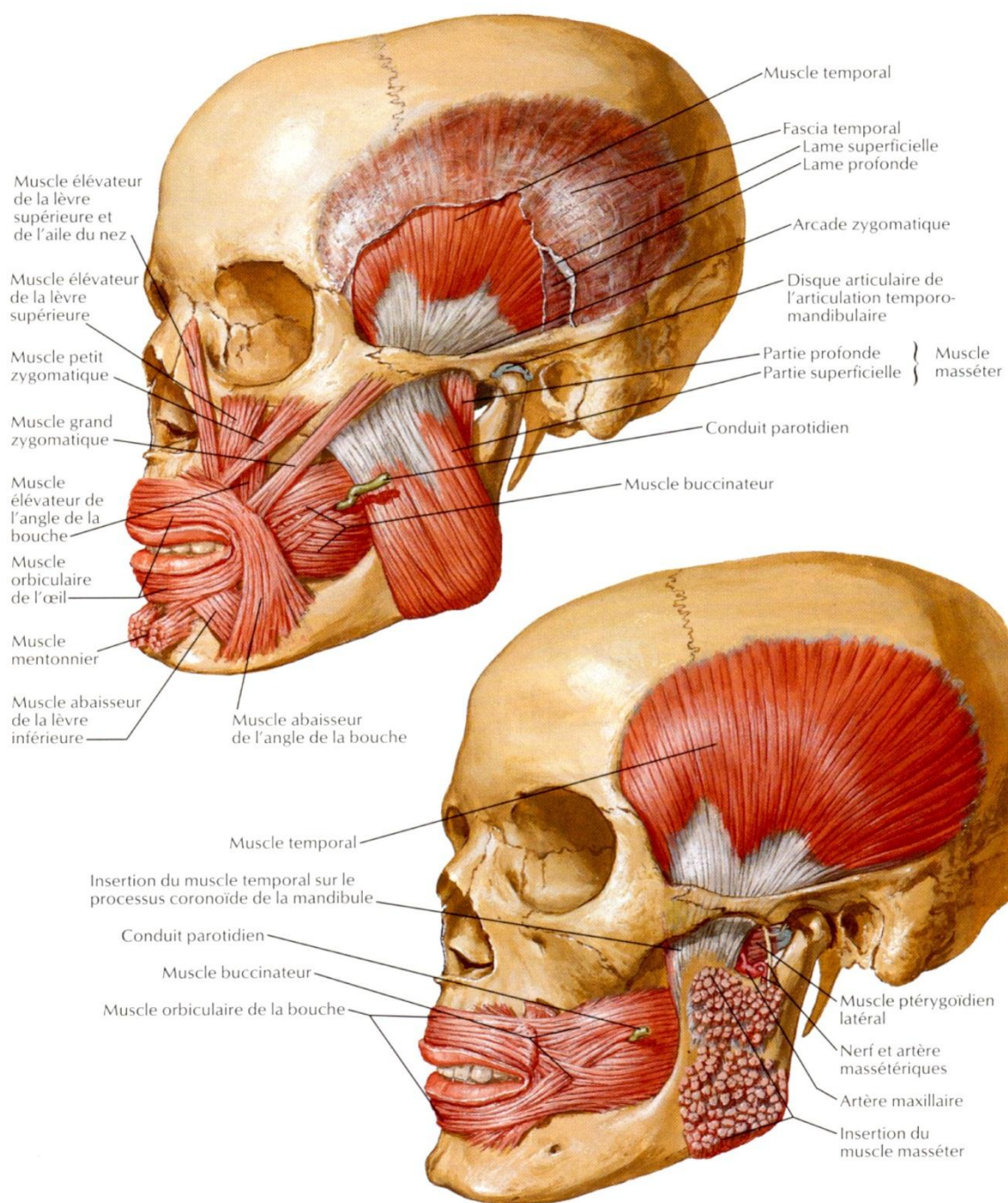


### Vue antéro-inférieure

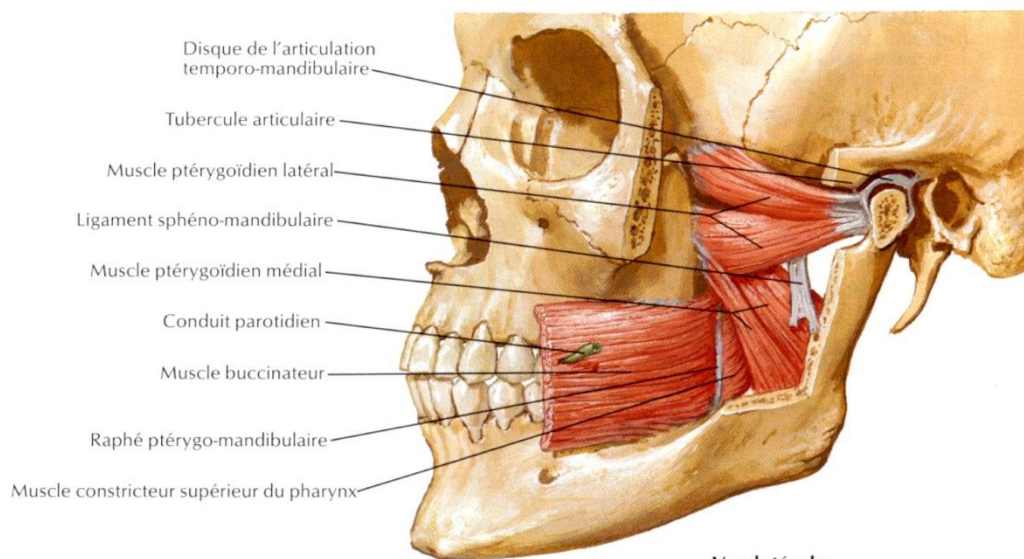


### Vue postéro-supérieure

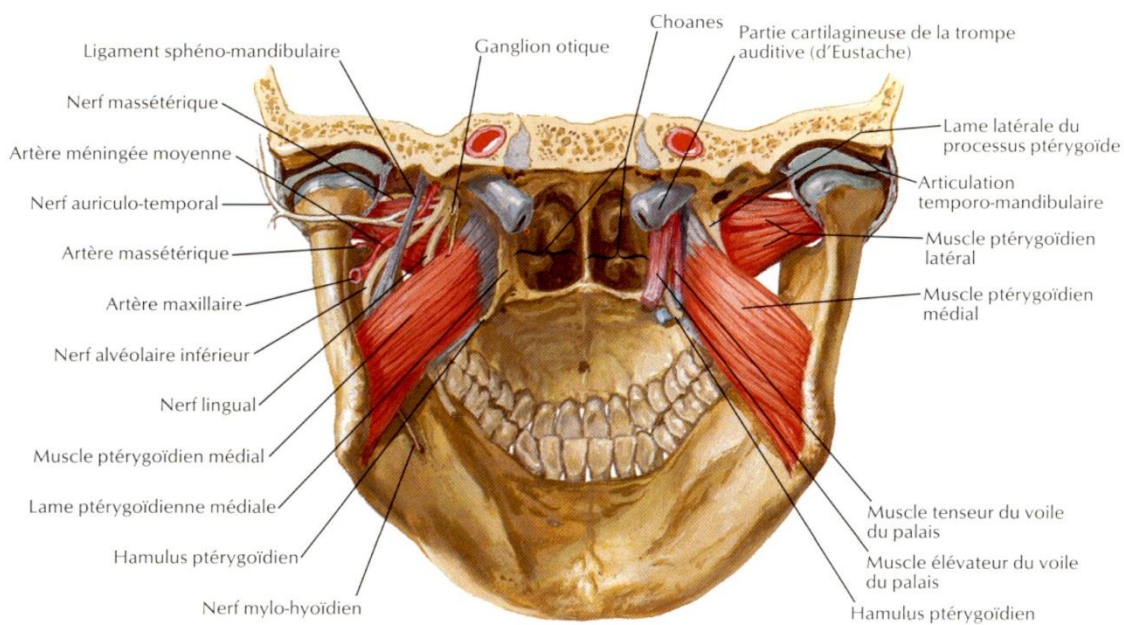




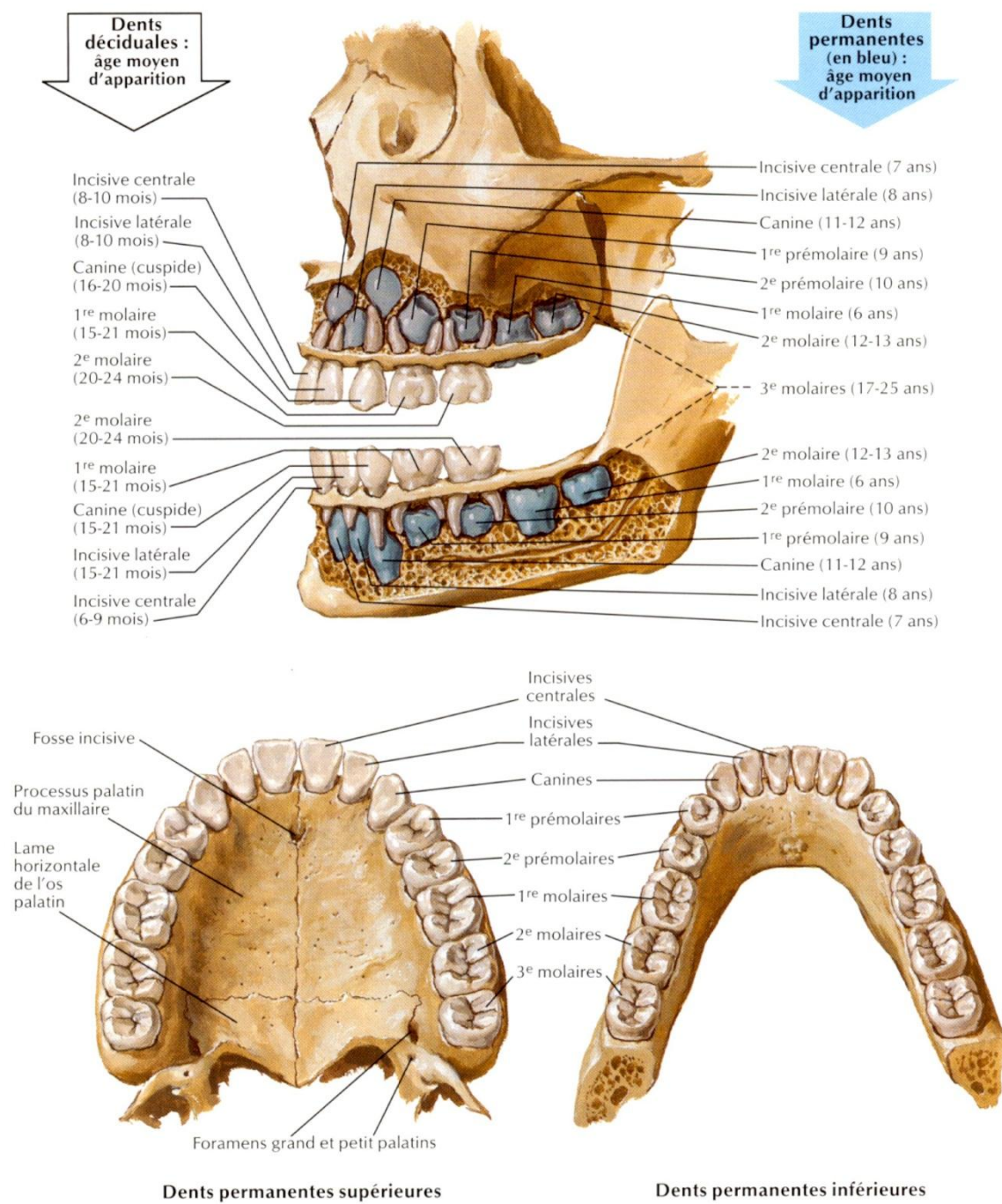




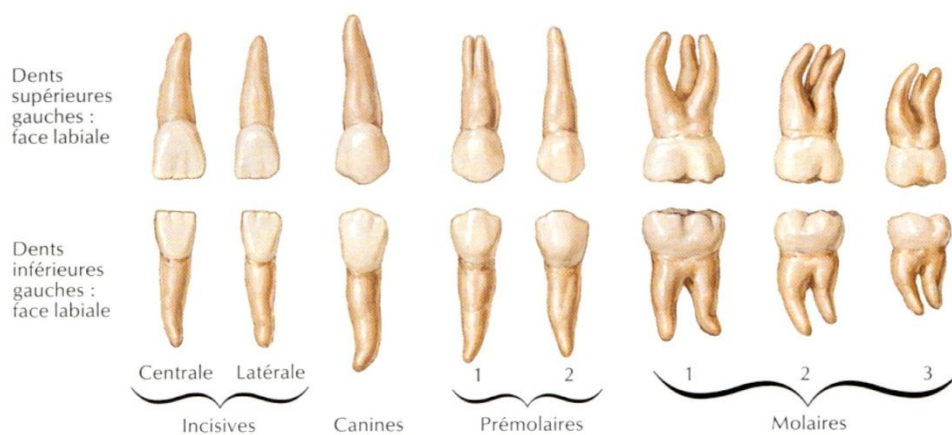
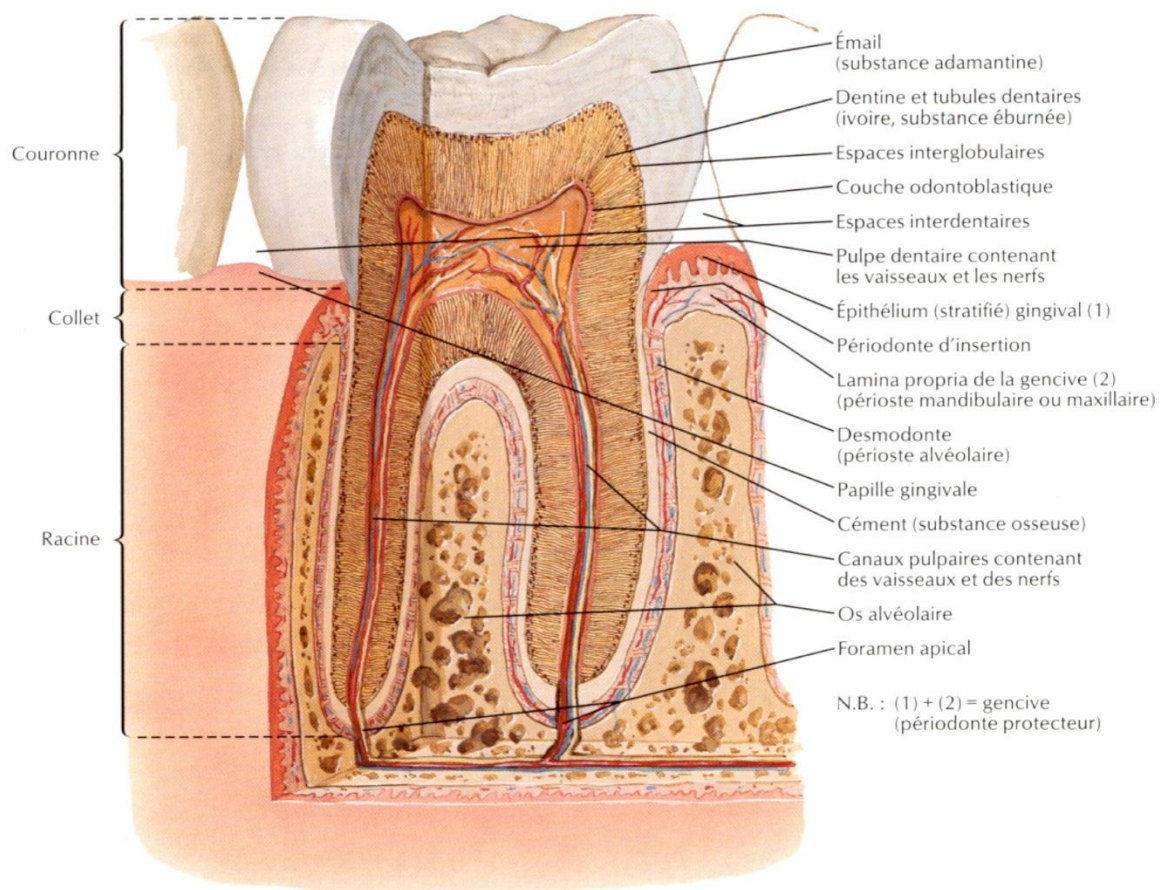
Vue latérale

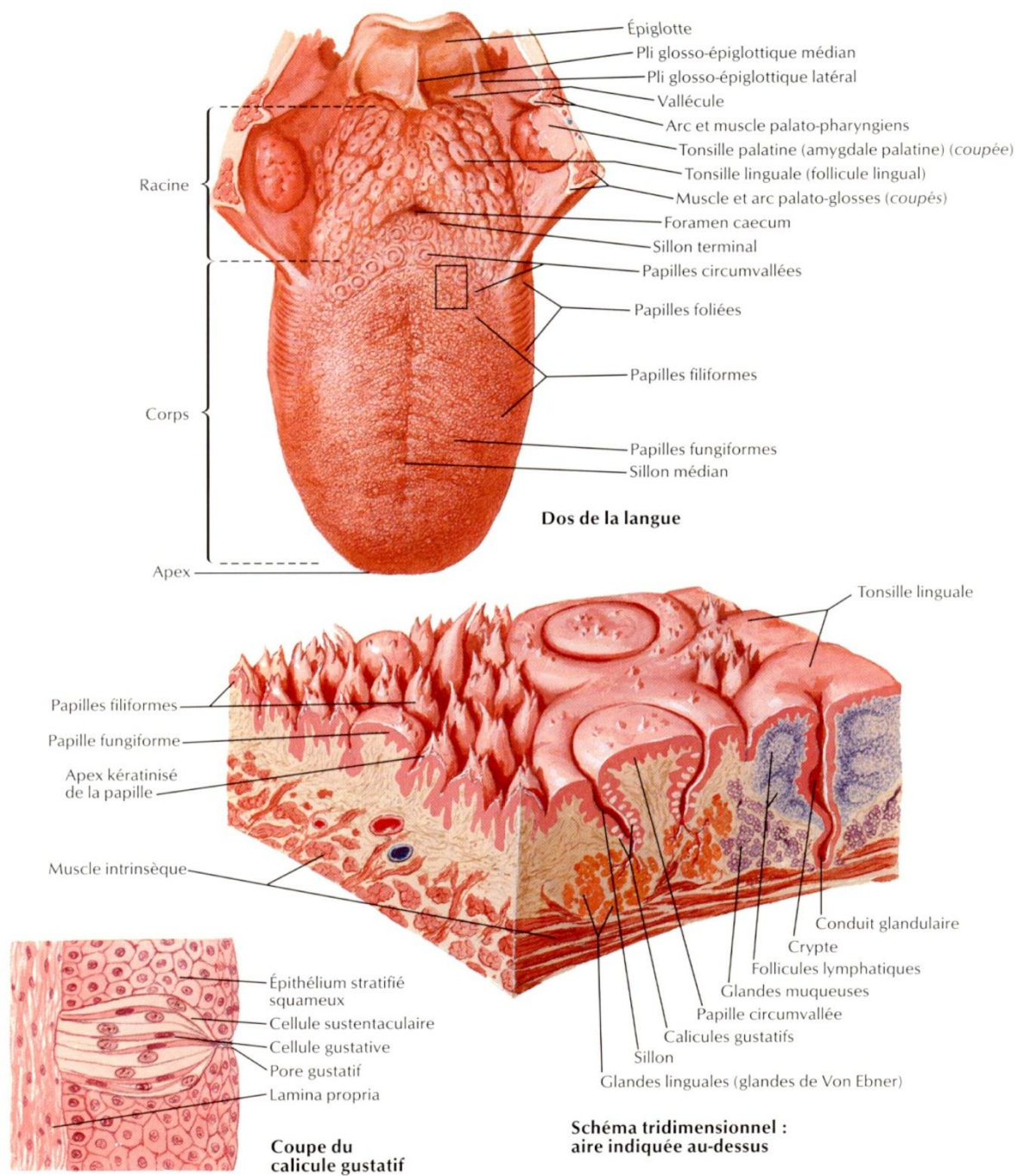


Vue postérieure

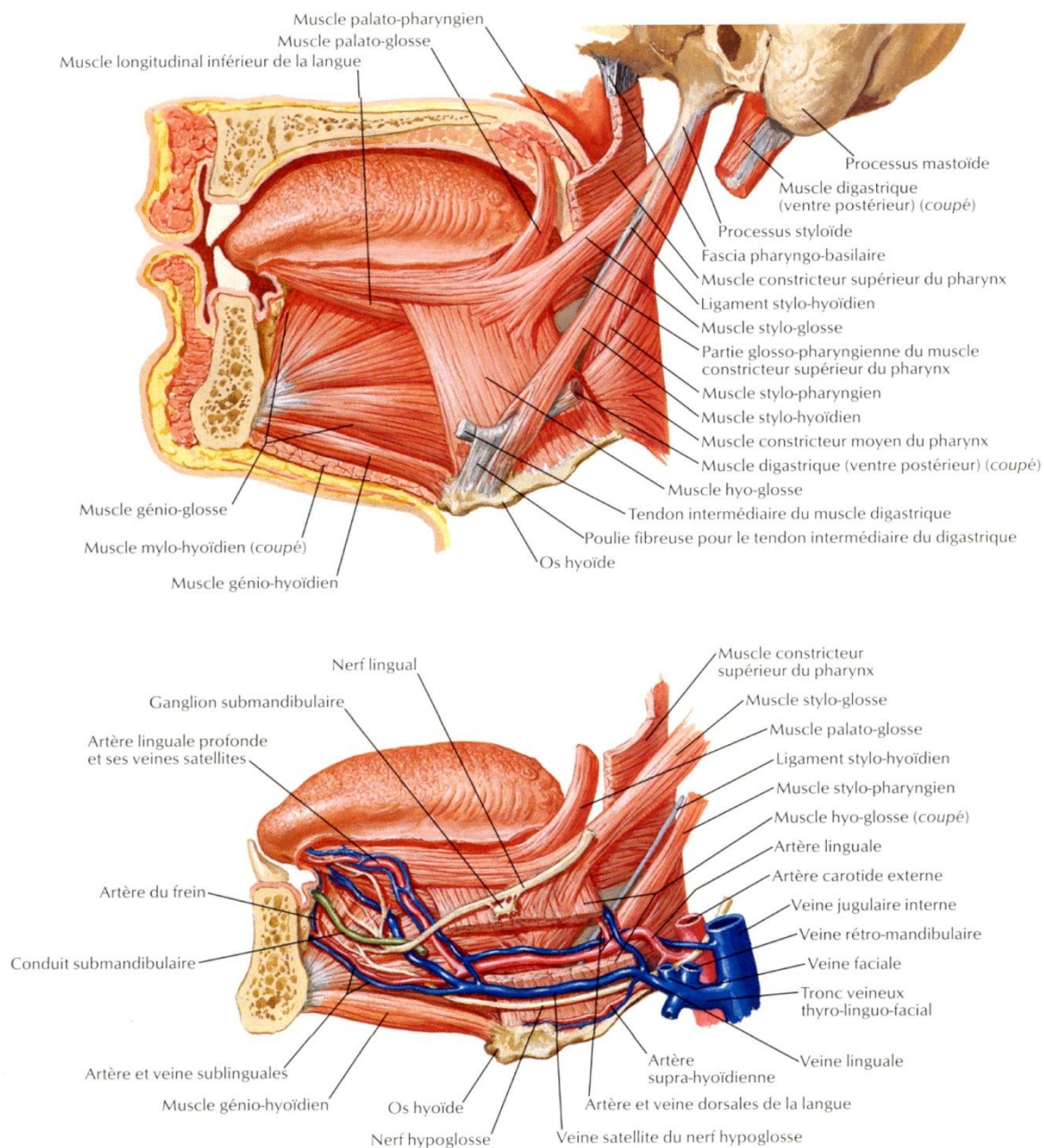




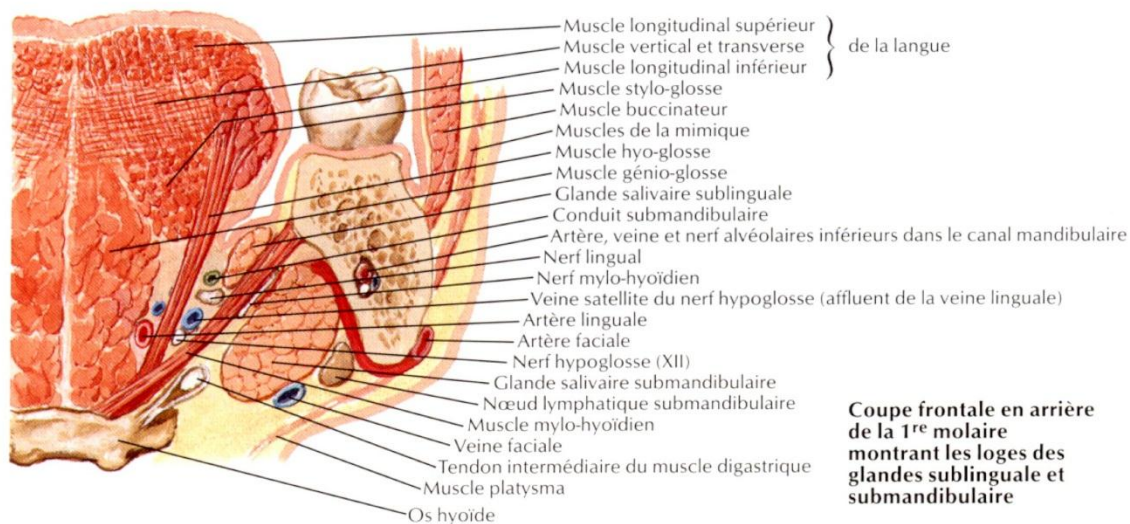
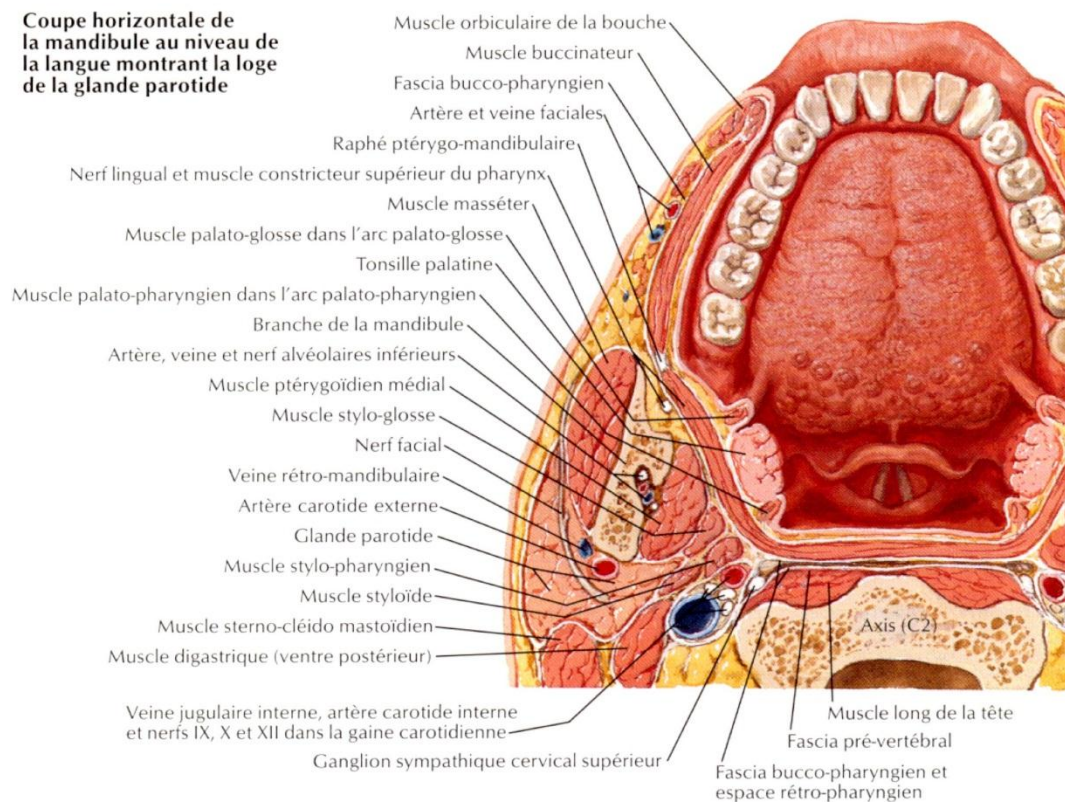






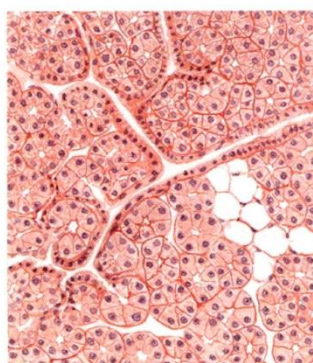
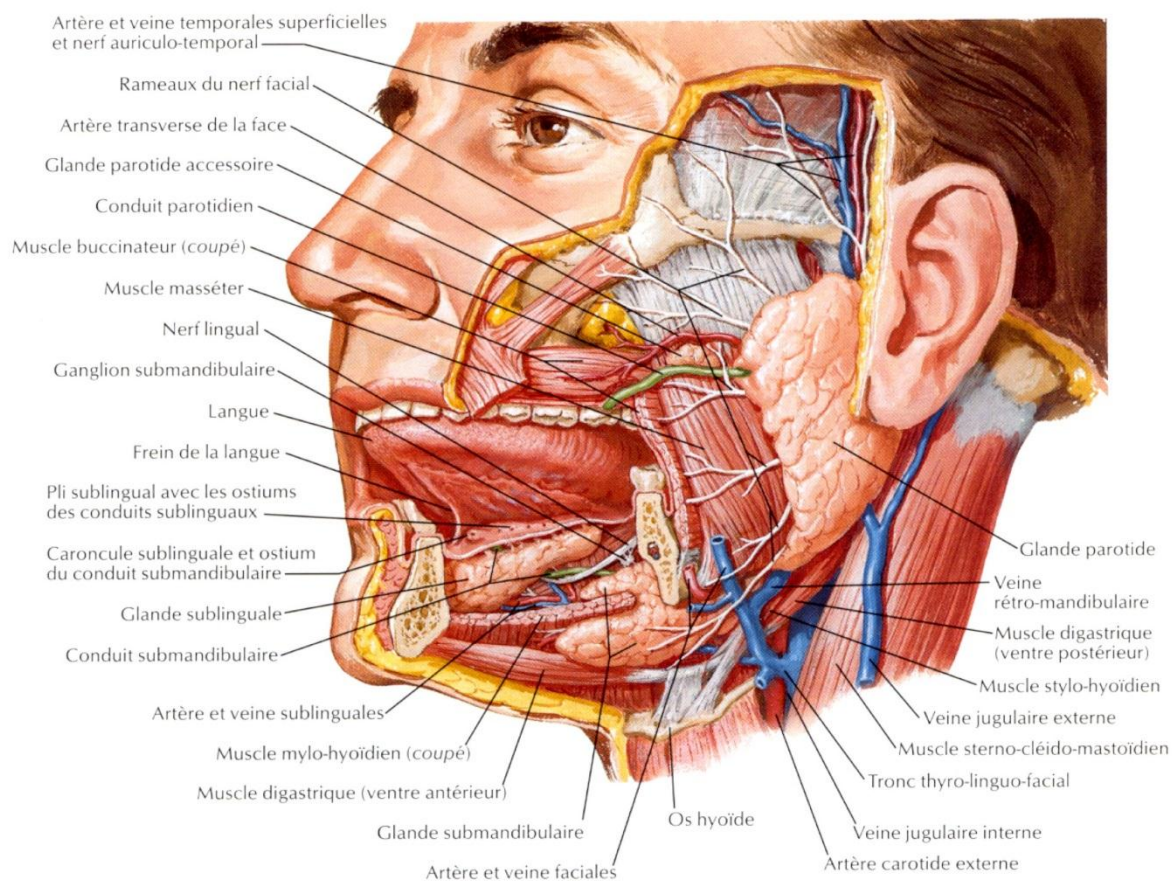


**Coupe horizontale de la mandibule au niveau de la langue montrant la loge de la glande parotide**

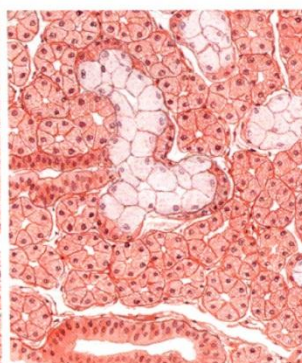


**Coupe frontale en arrière de la 1<sup>re</sup> molaire montrant les loges des glandes sublinguale et submandibulaire**

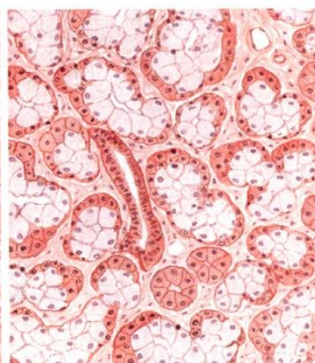




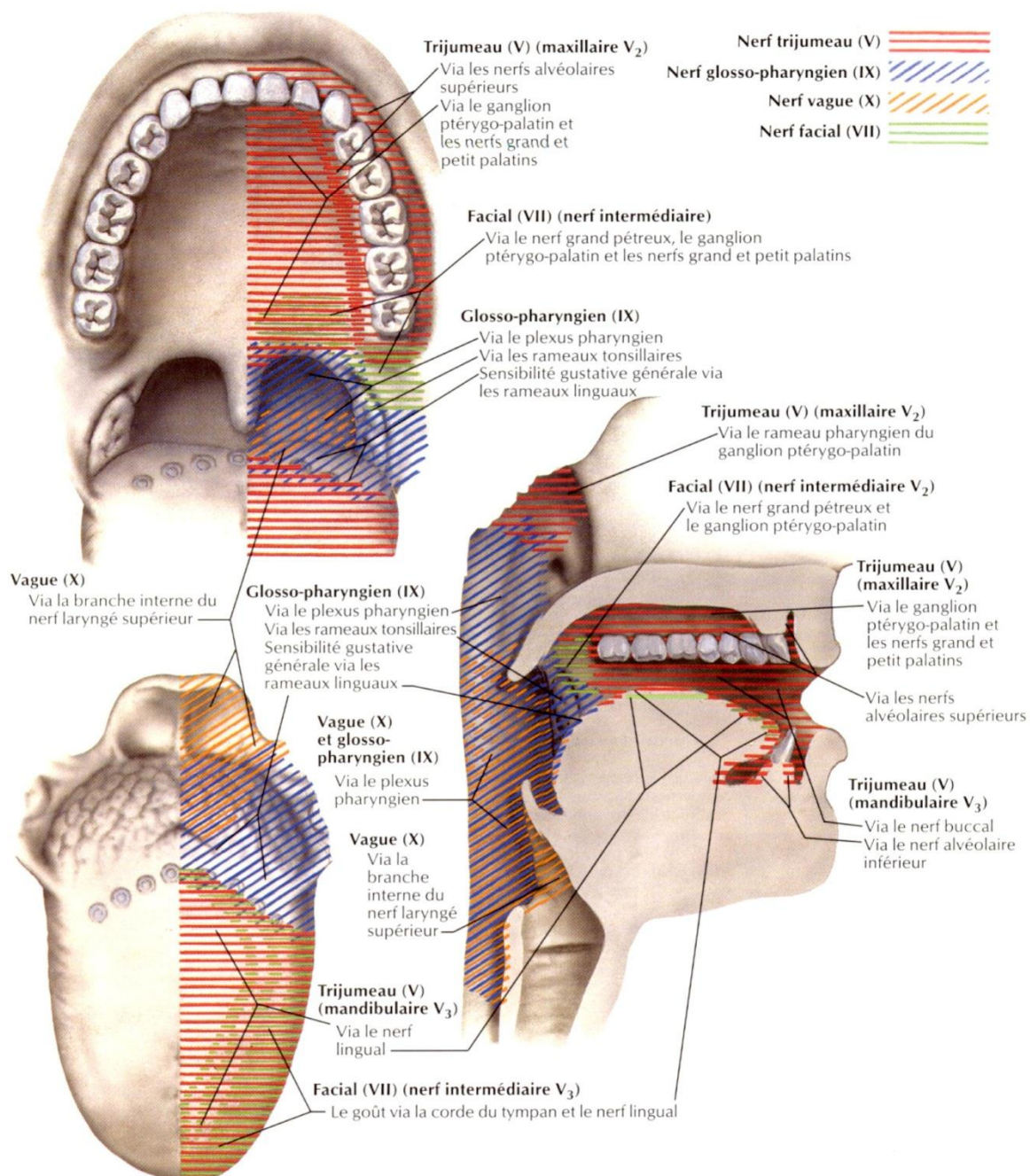
Glande parotide  
(séreuse en totalité)



Glande submandibulaire  
(en majorité séreuse,  
partiellement muqueuse)

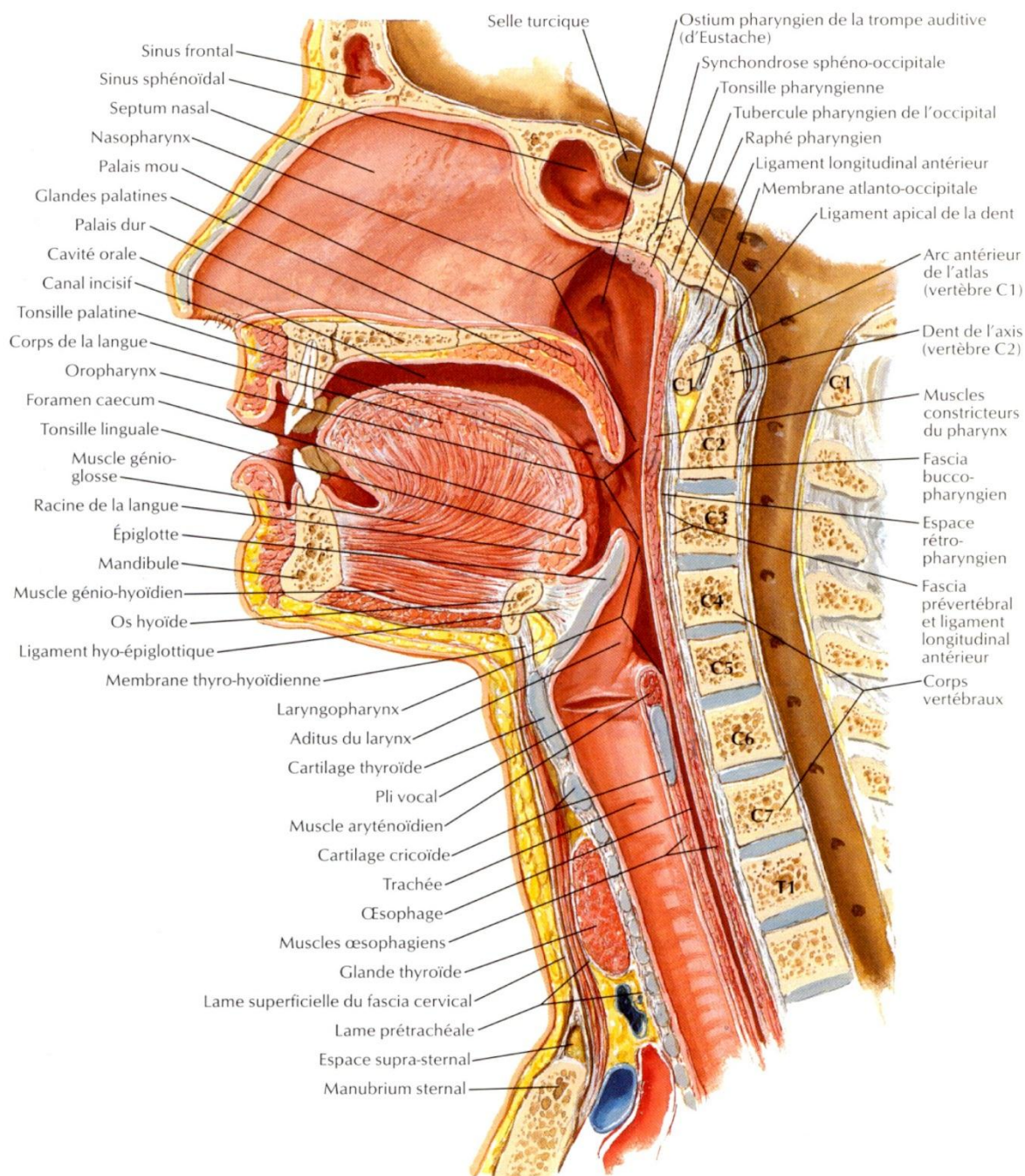


Glande sublinguale  
(presque entièrement muqueuse)

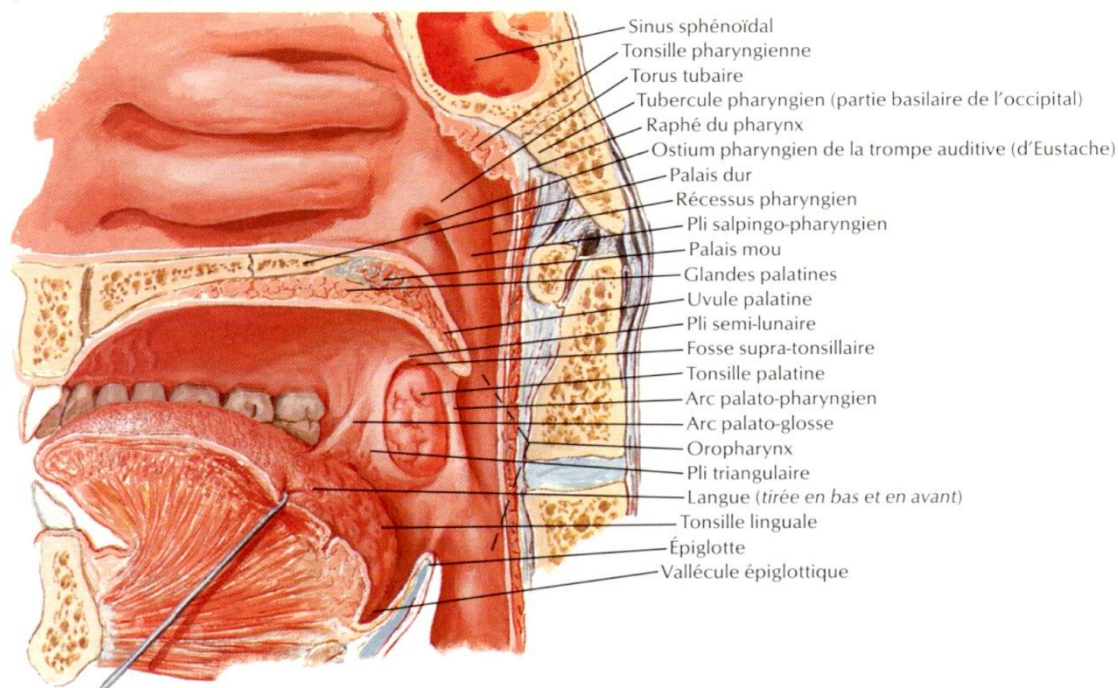




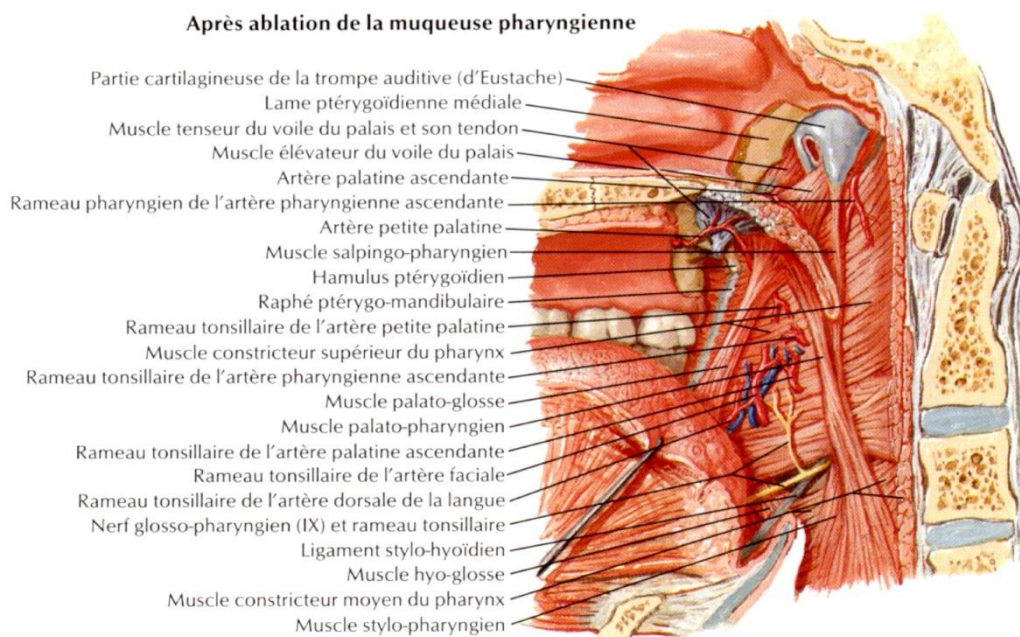
## f. Pharynx



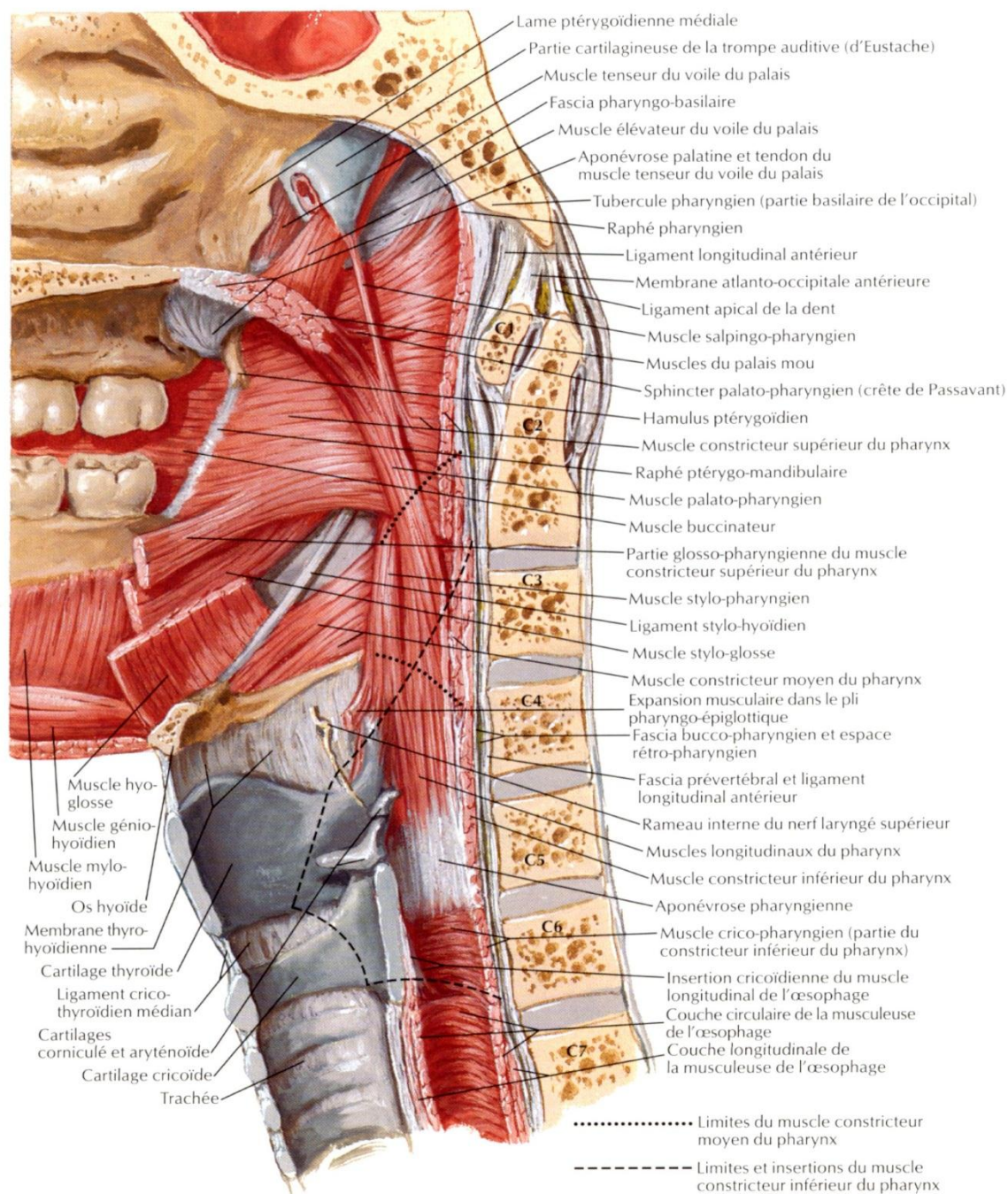
**Vue médiale**  
**Coupe médiane (sagittale)**

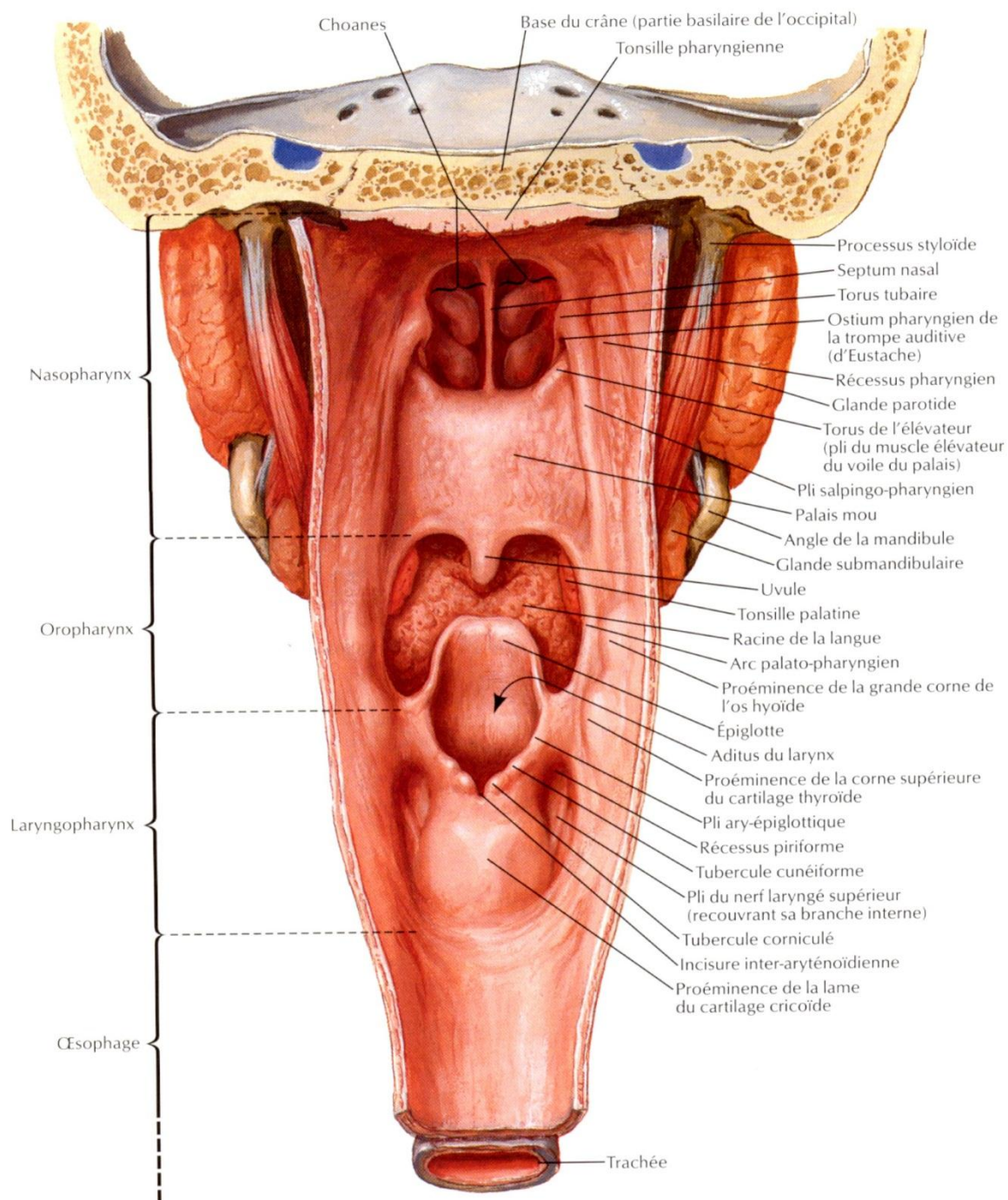


**Après ablation de la muqueuse pharyngienne**

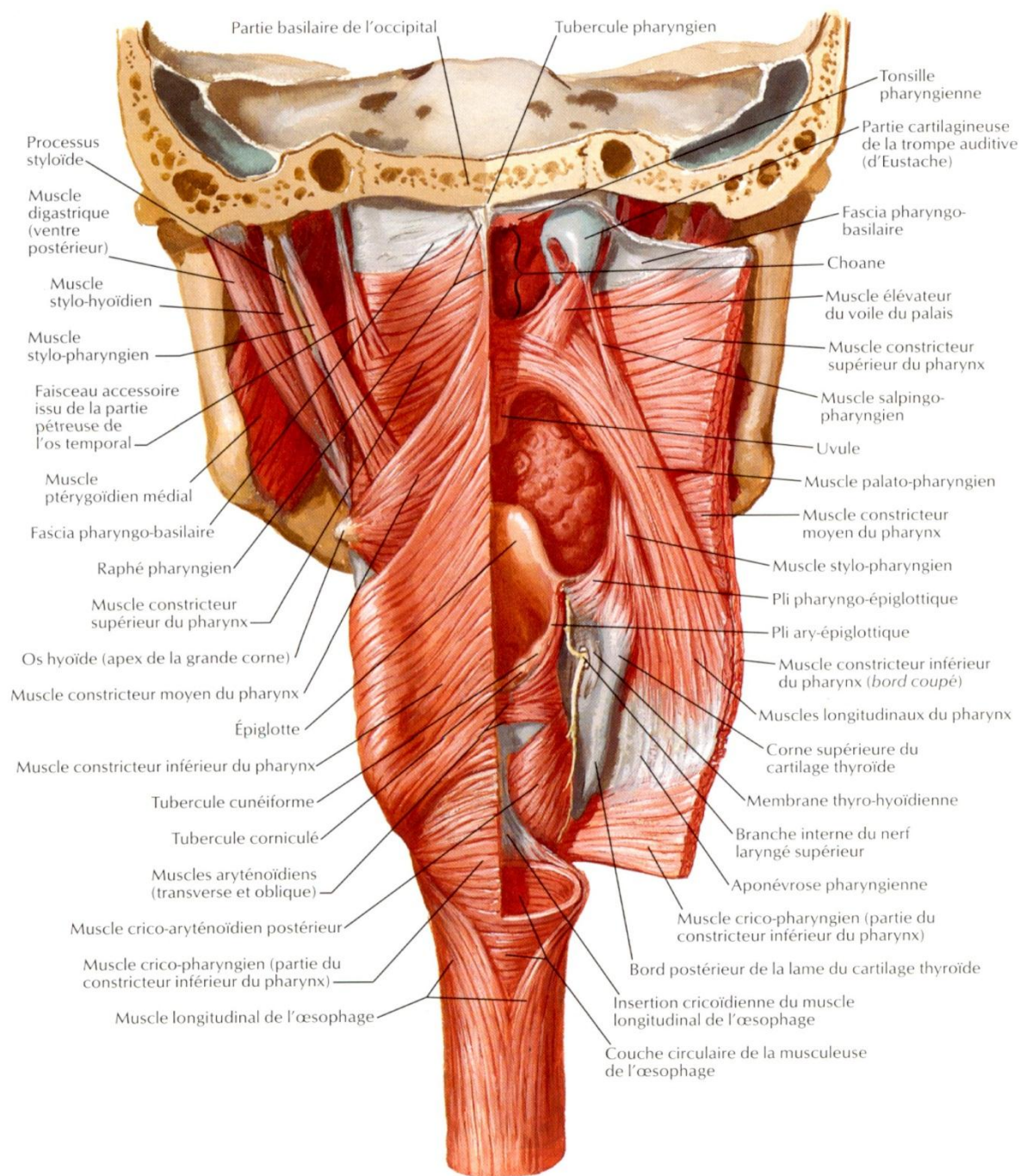


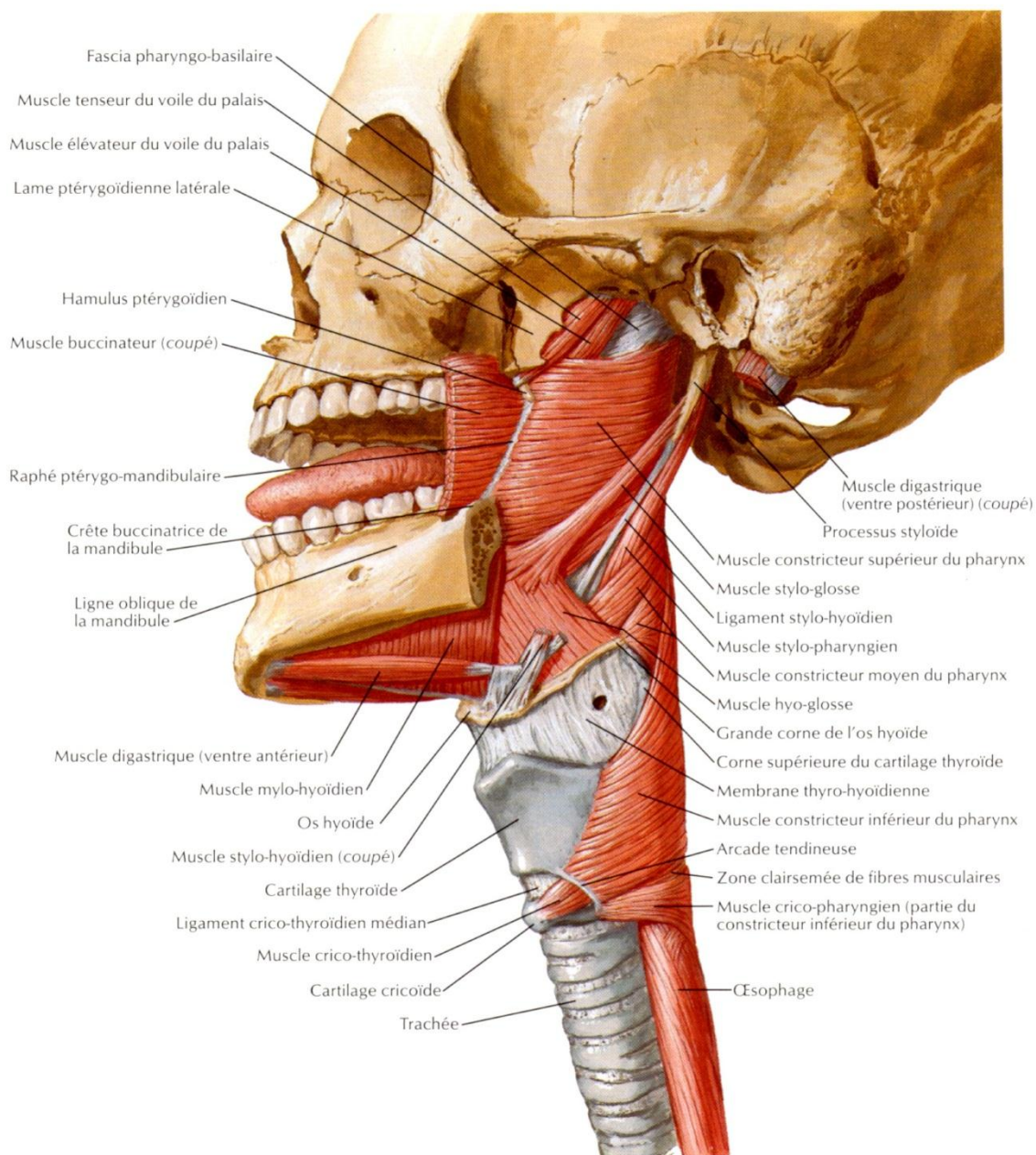




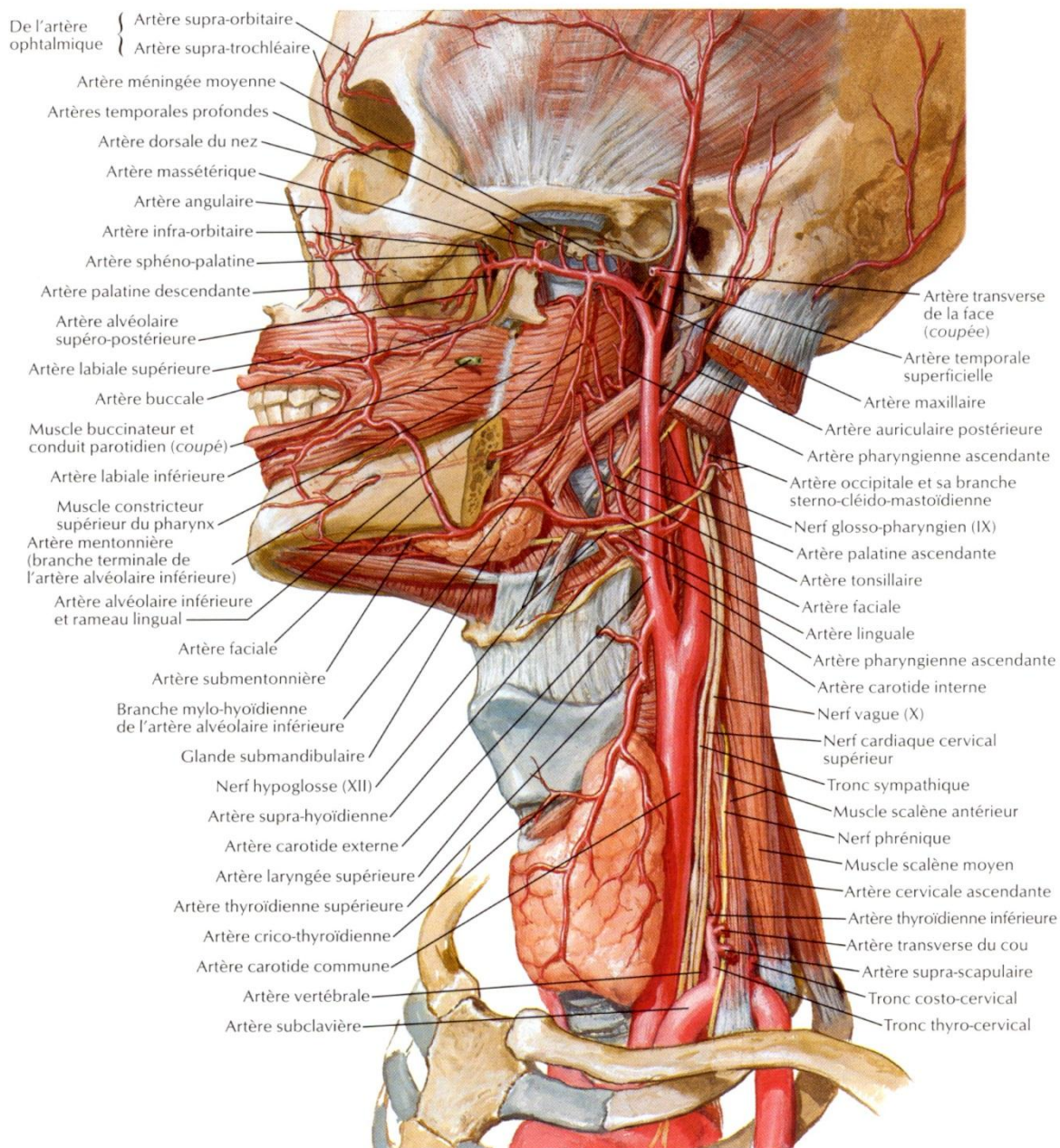


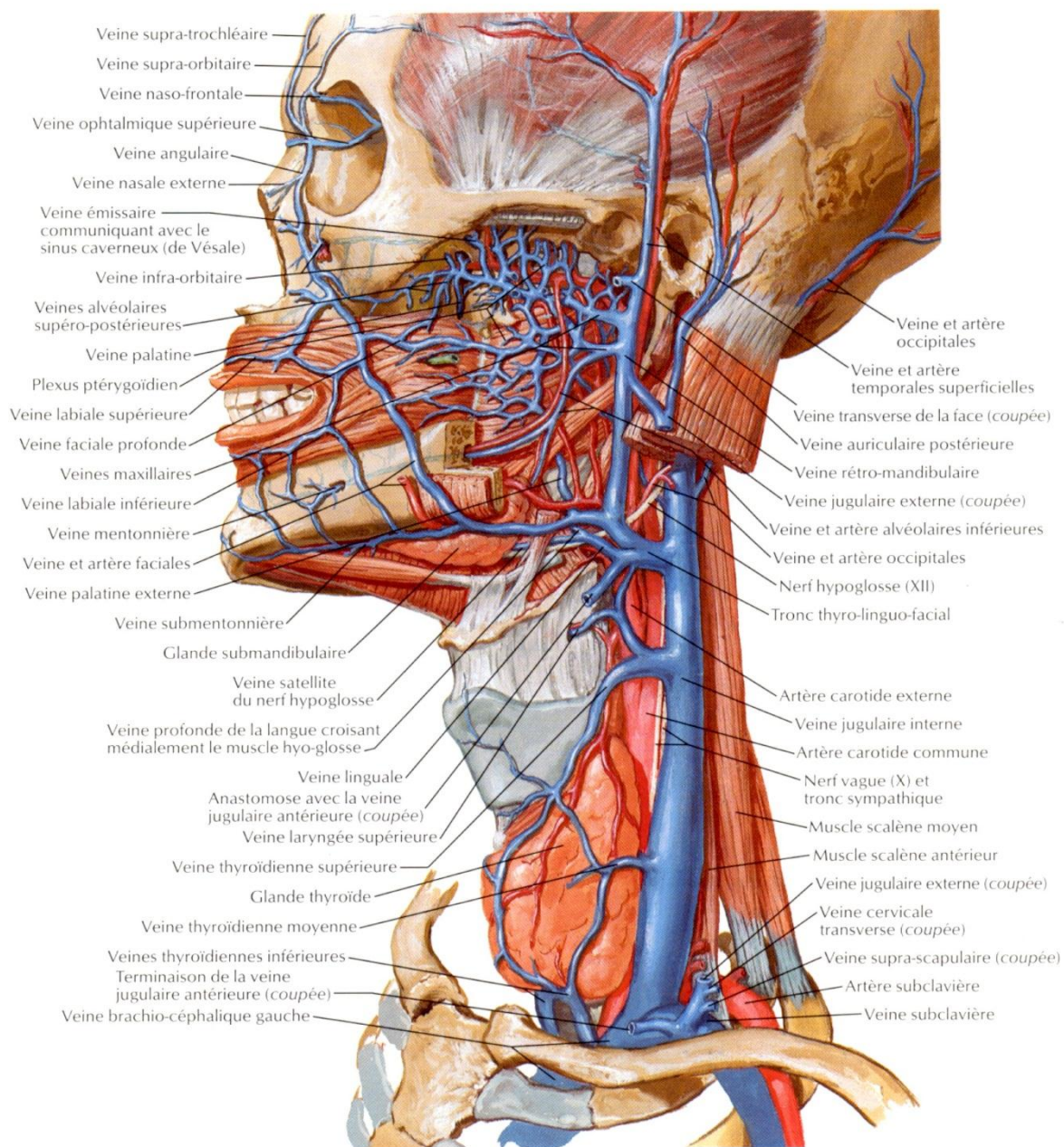




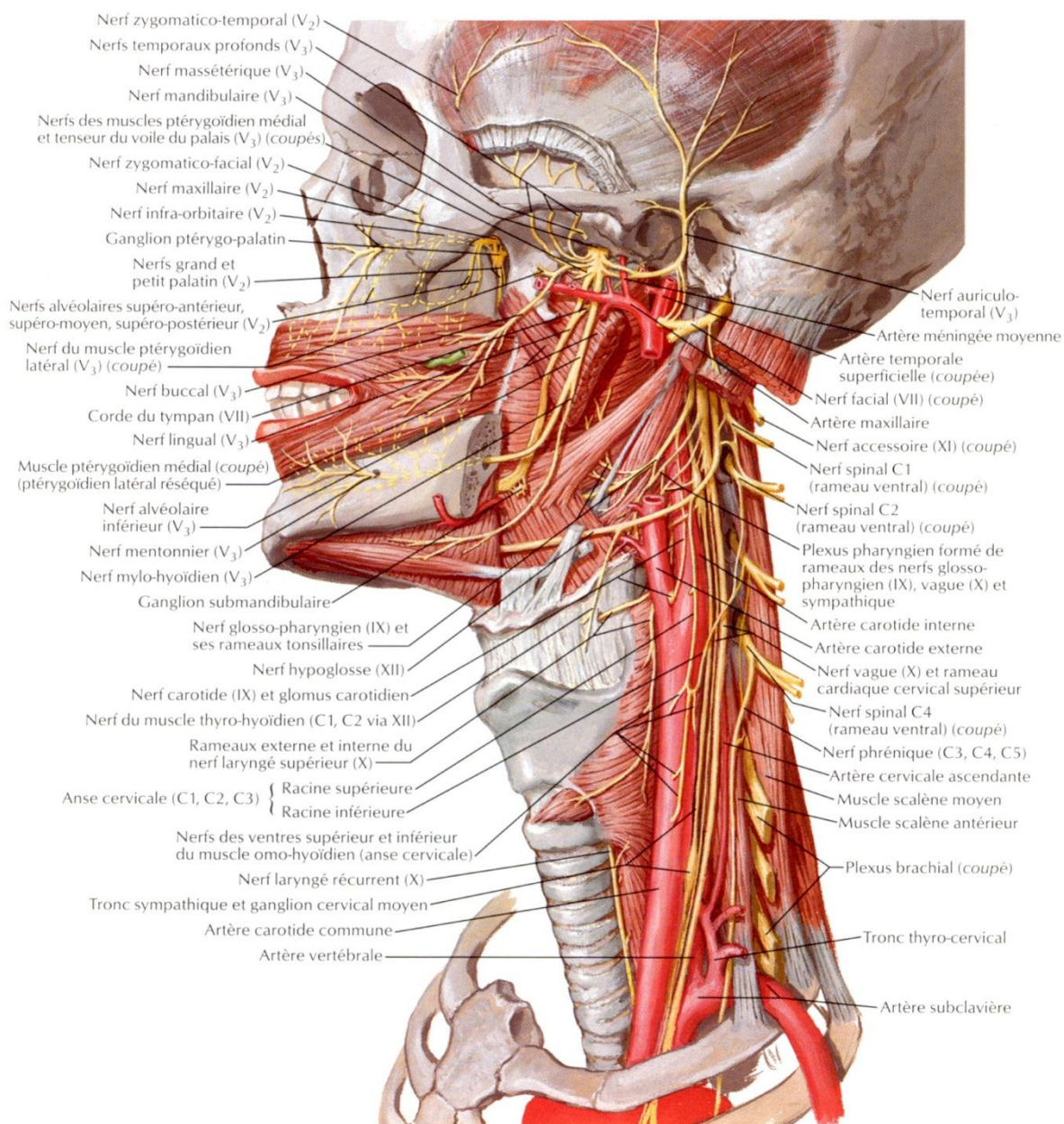


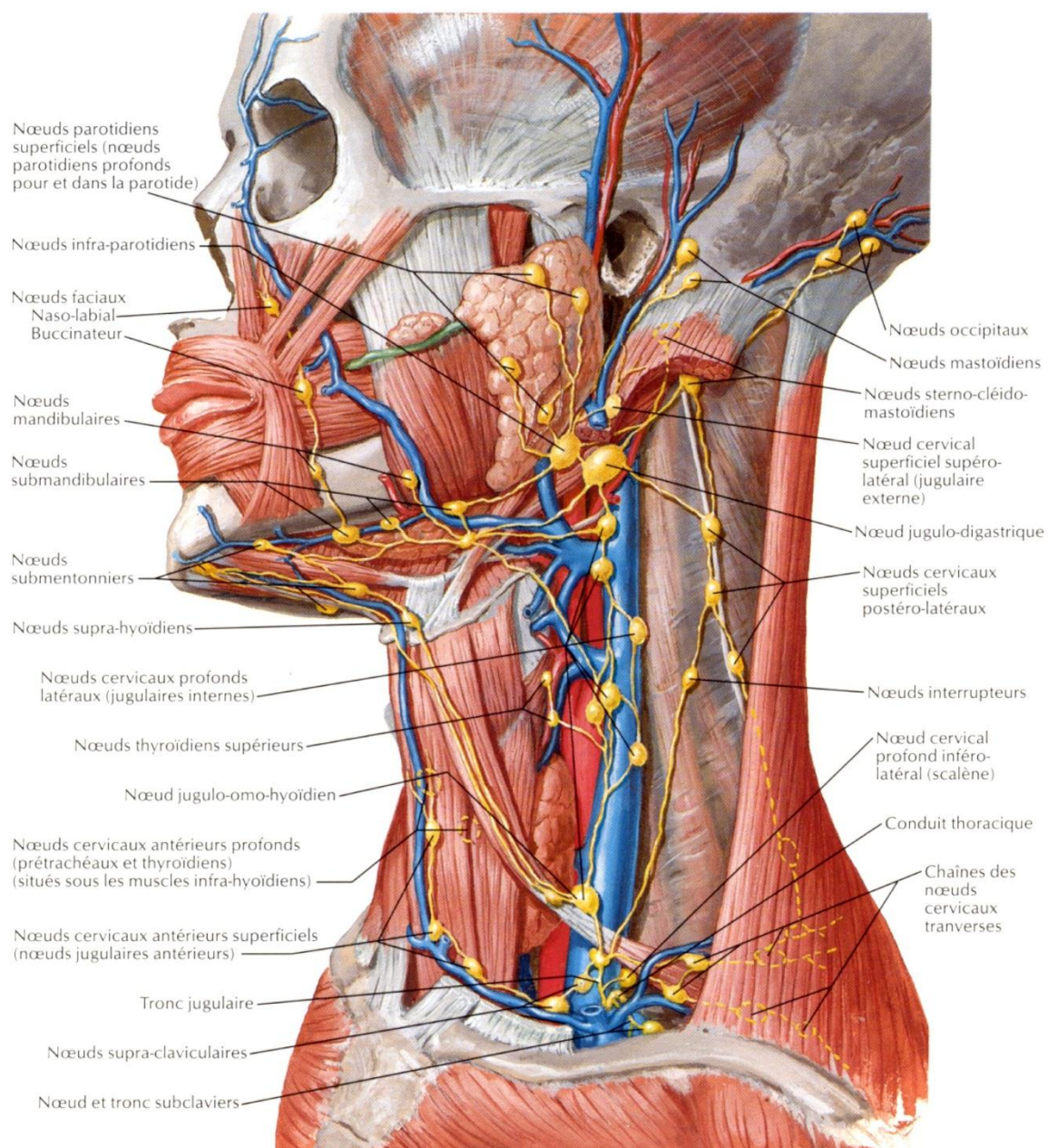




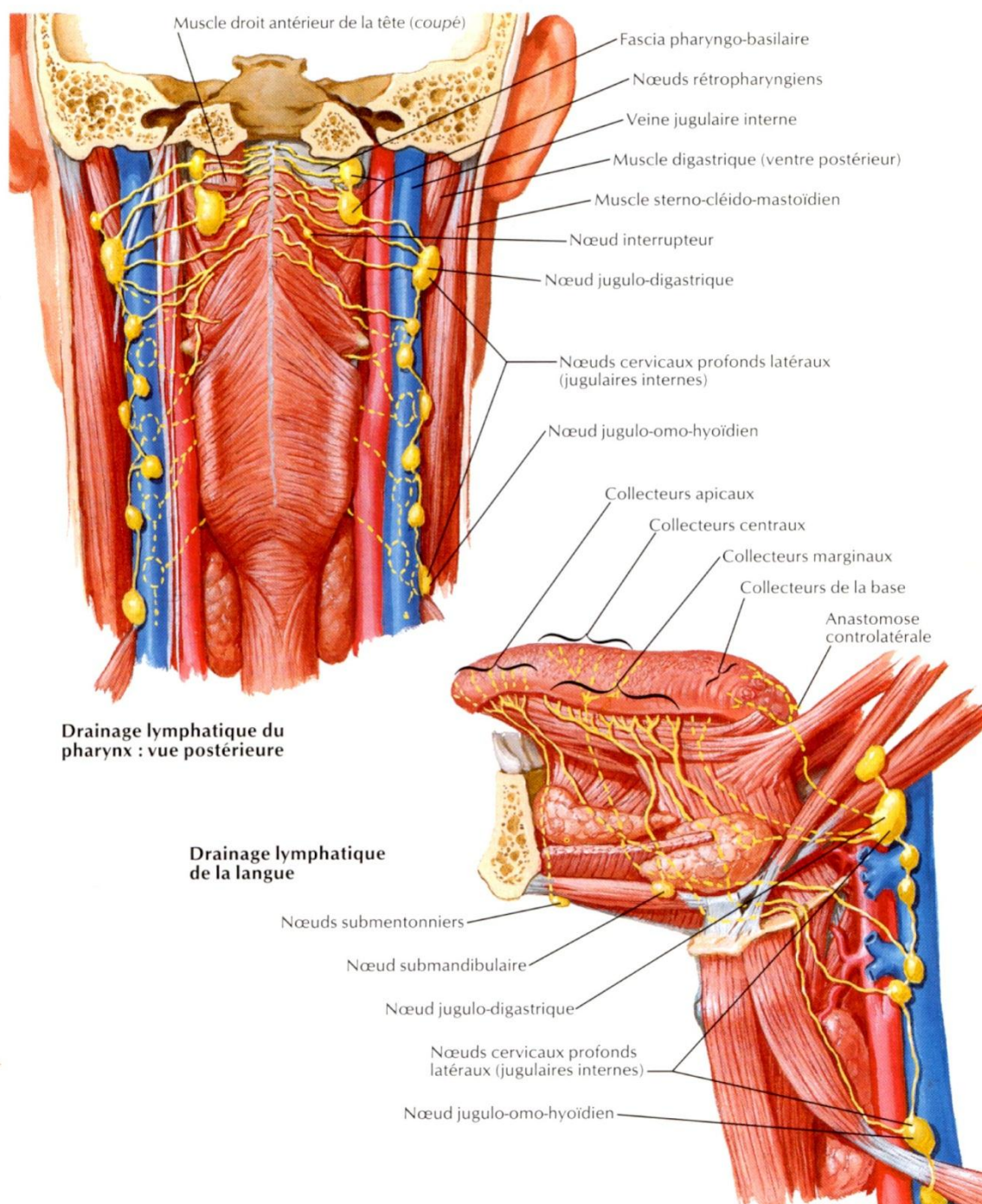




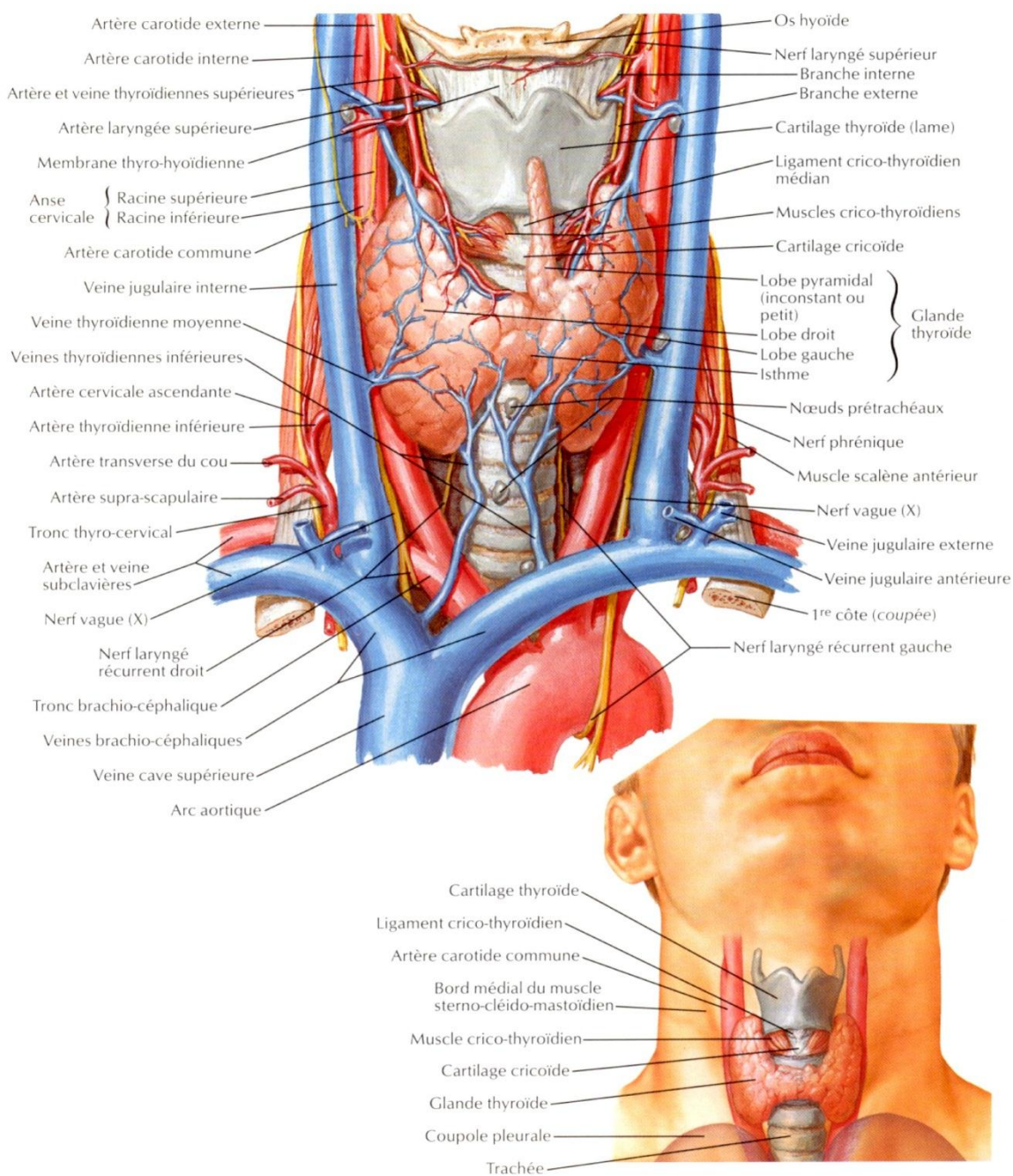




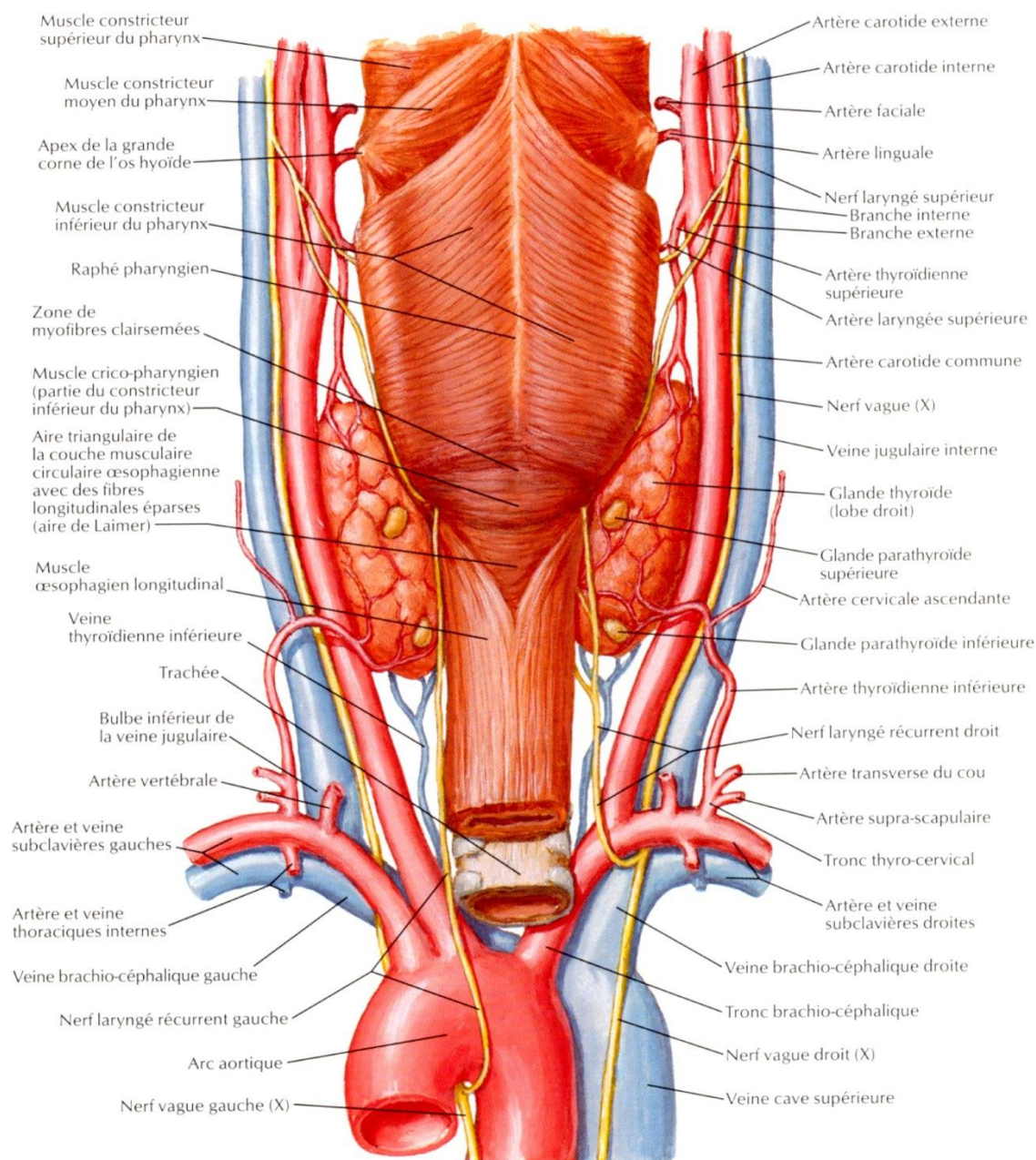


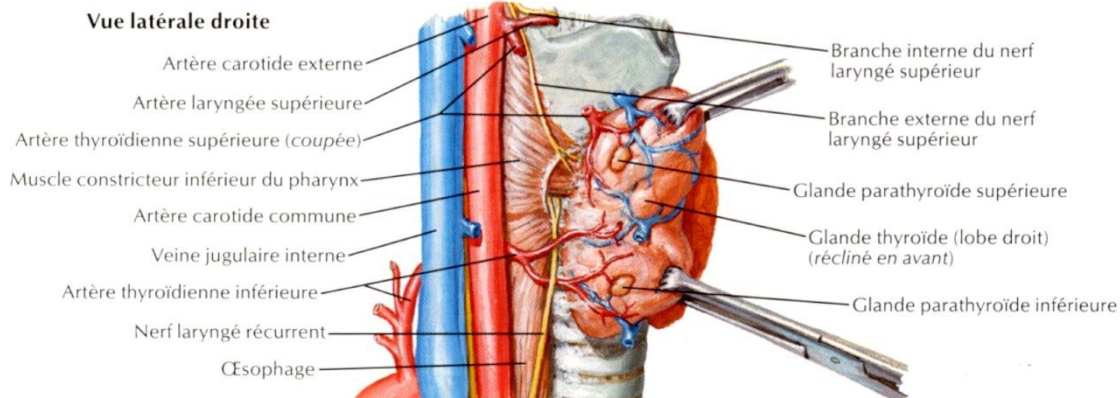
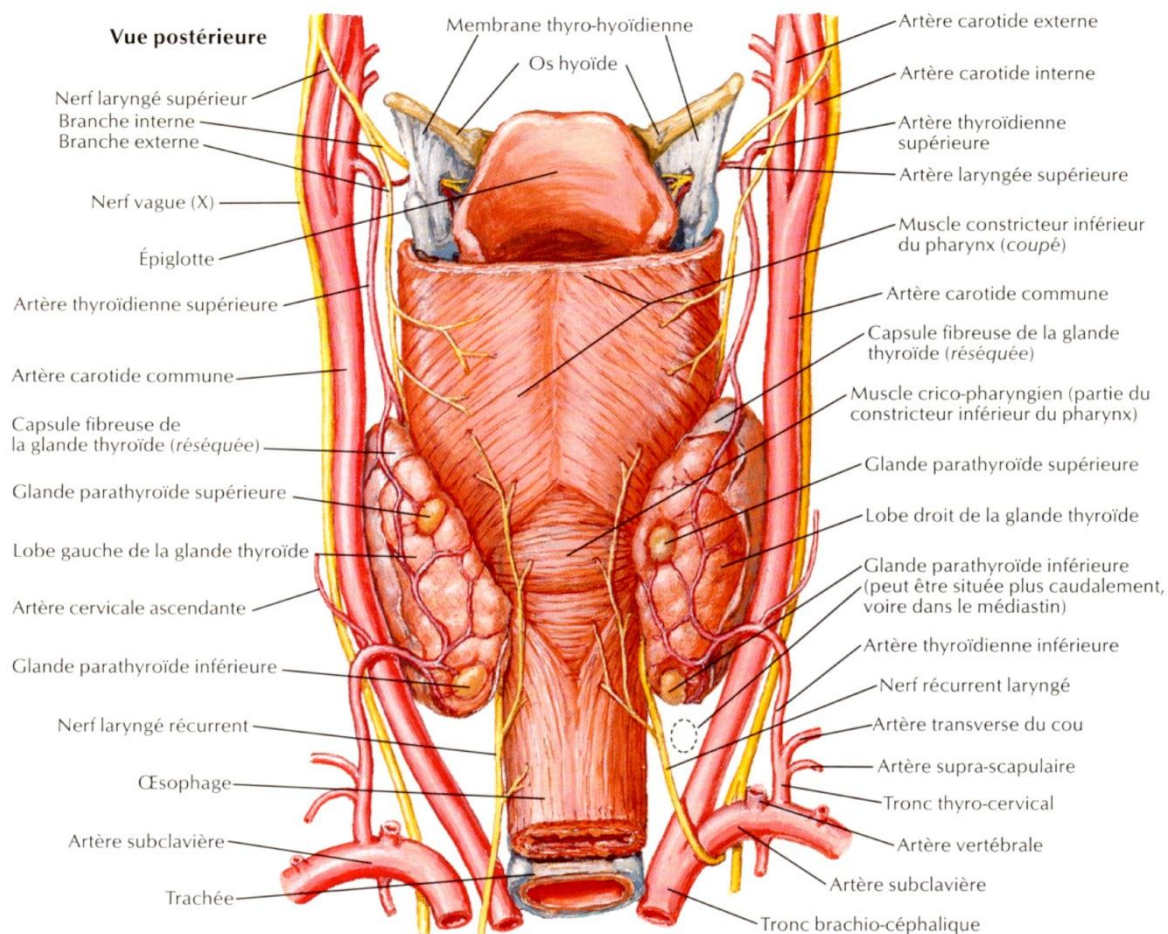


## g. Thyroïde larynx

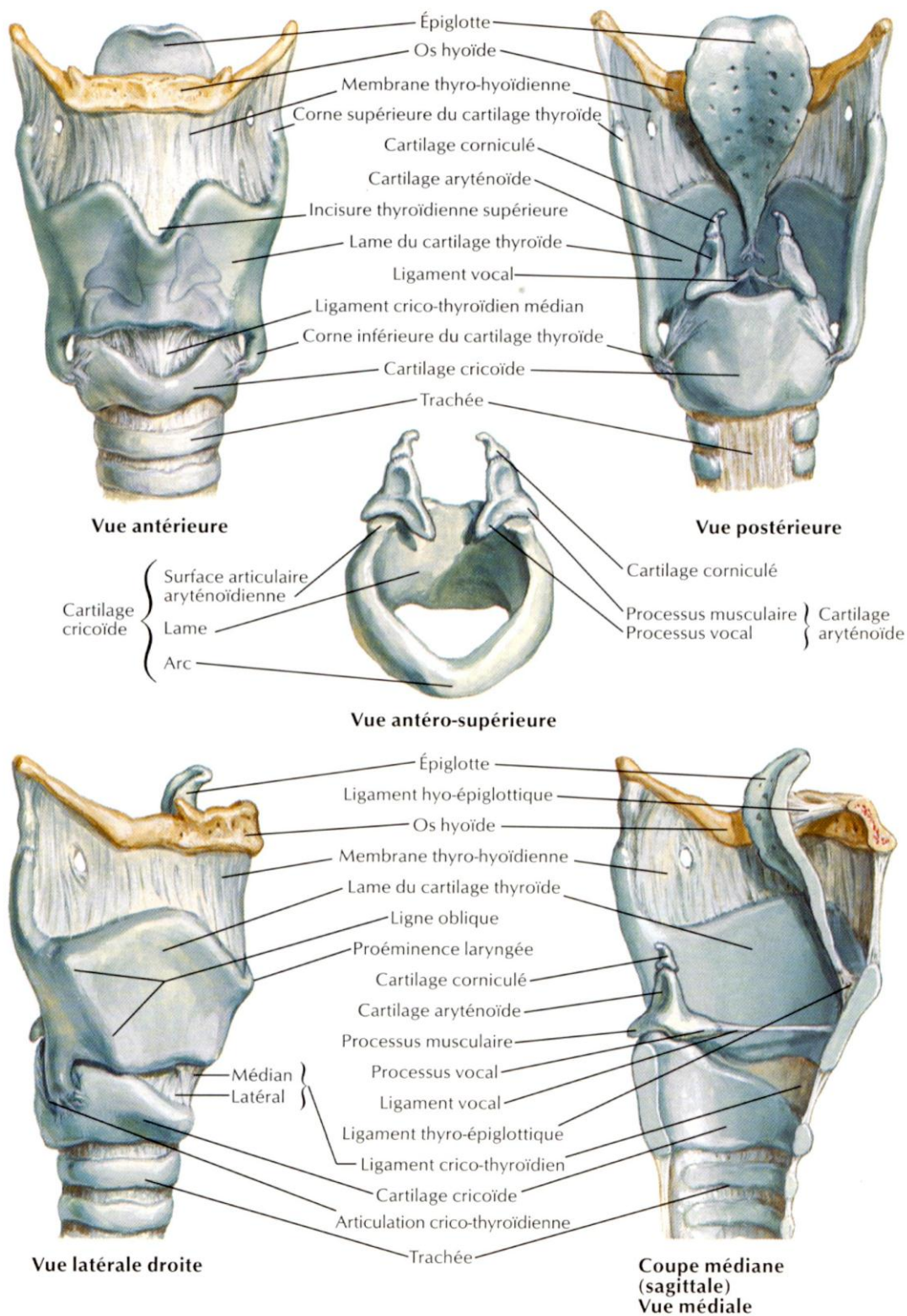


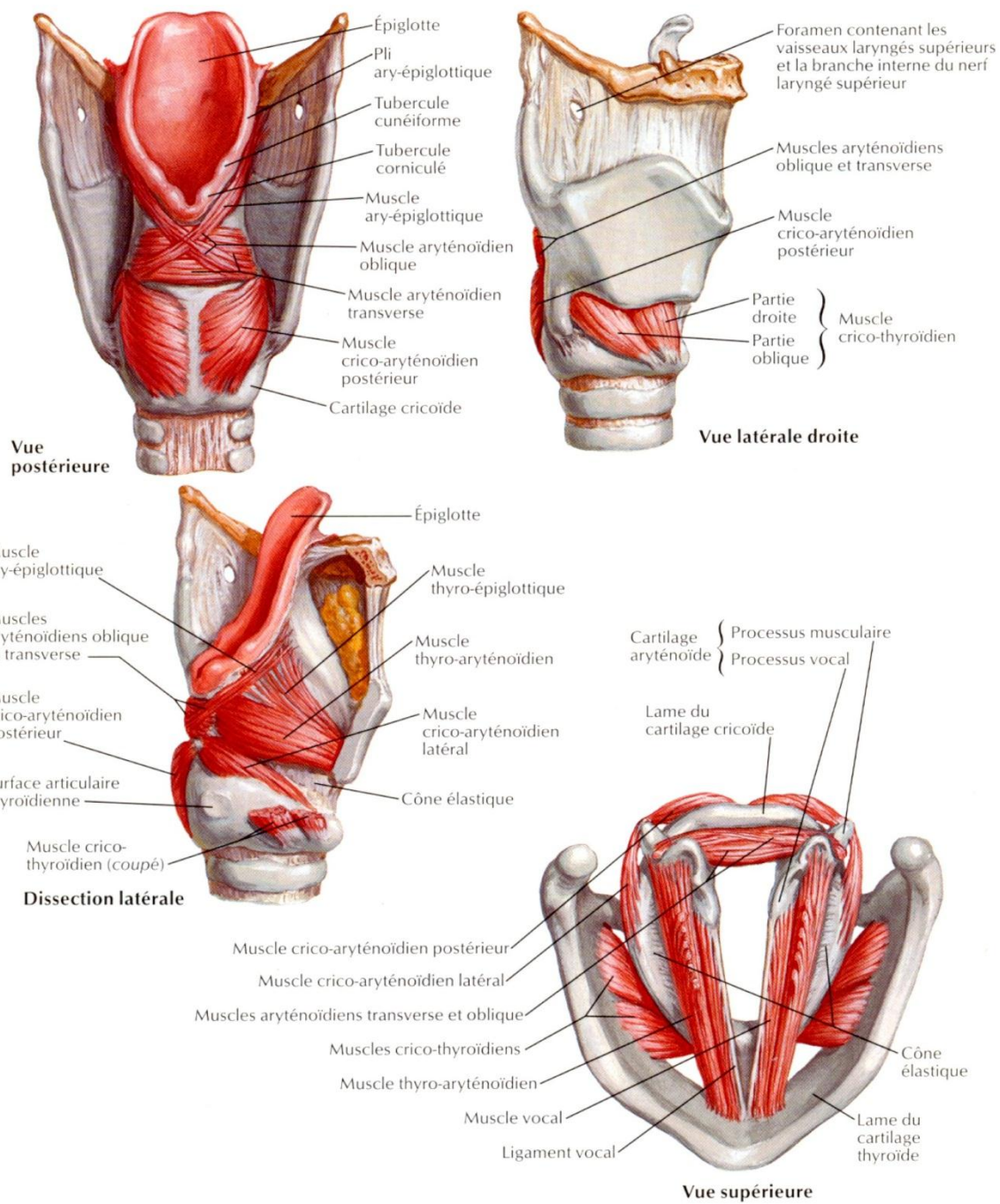




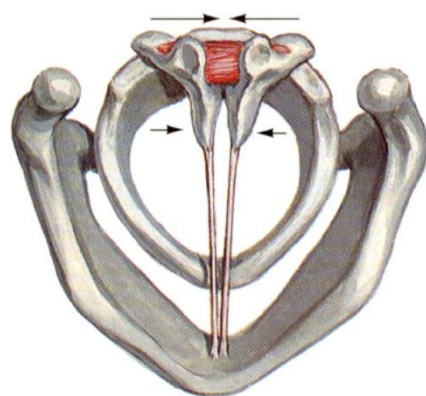
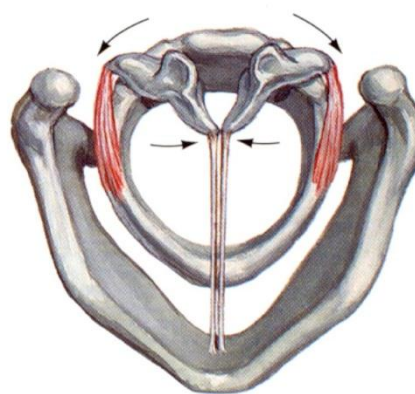
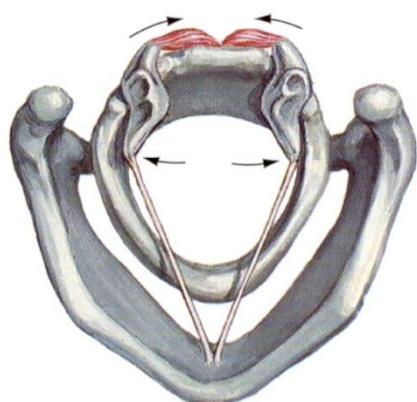
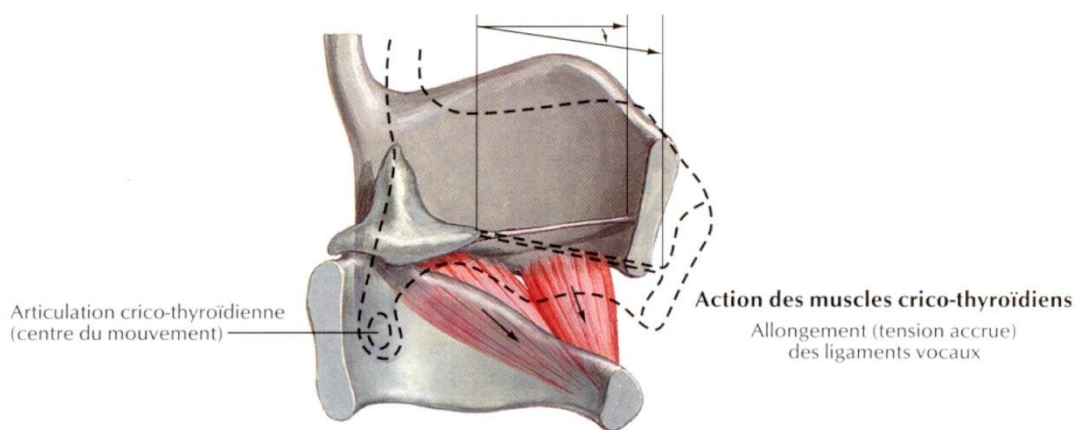


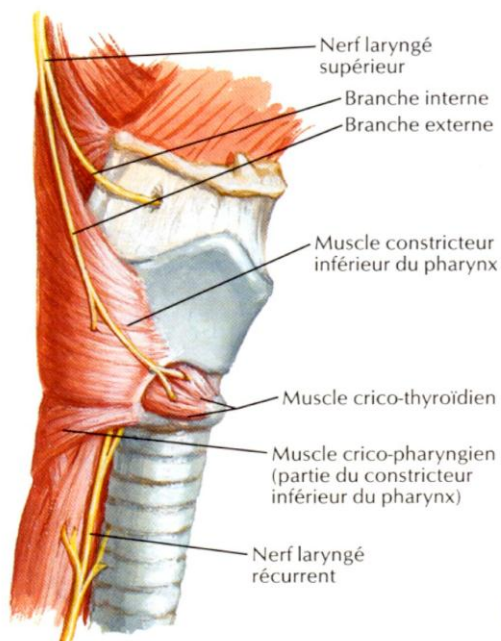




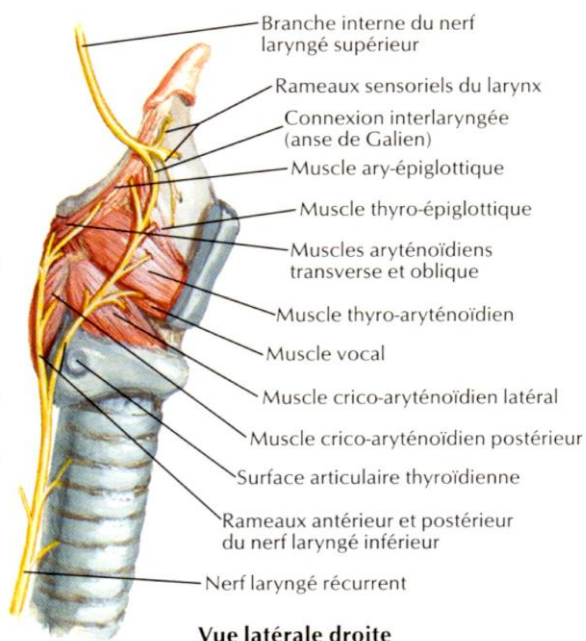




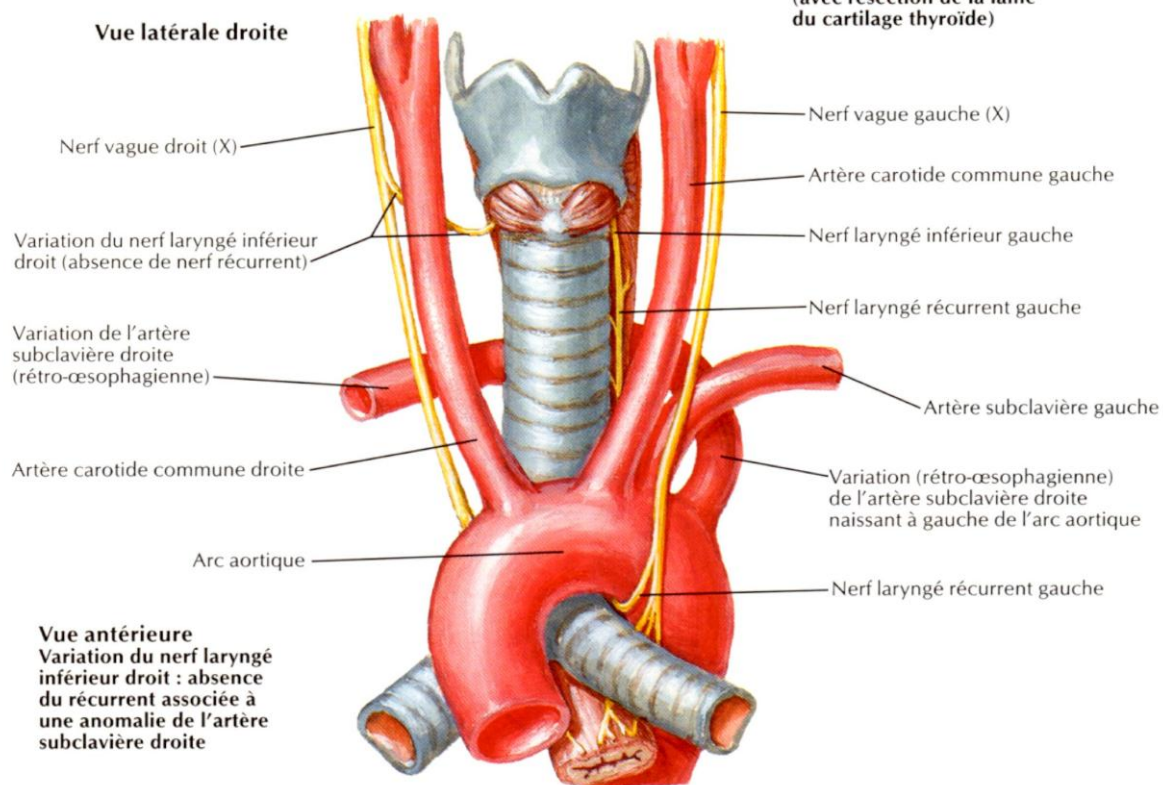




**Vue latérale droite**

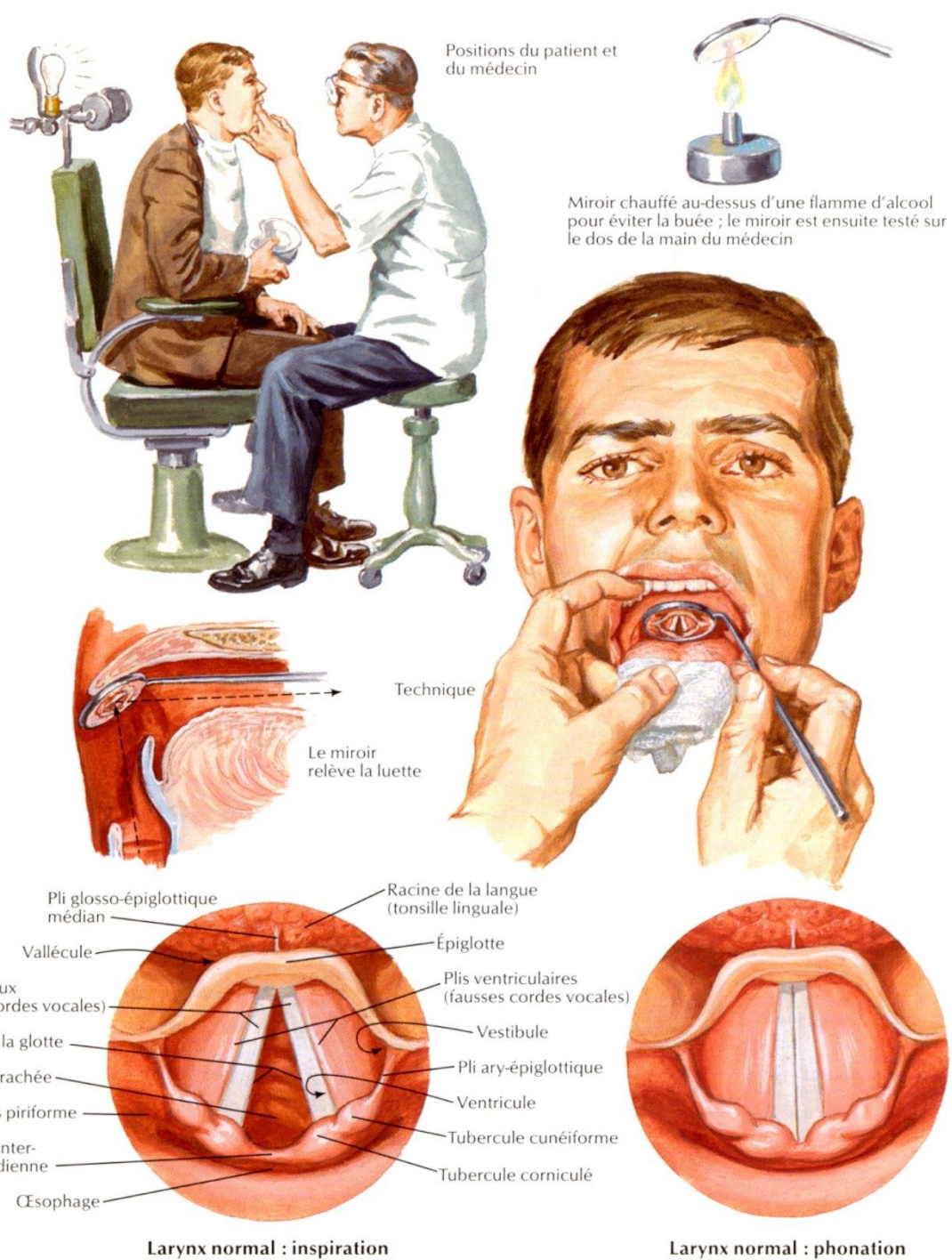


**Vue latérale droite  
(avec résection de la lame  
du cartilage thyroïde)**

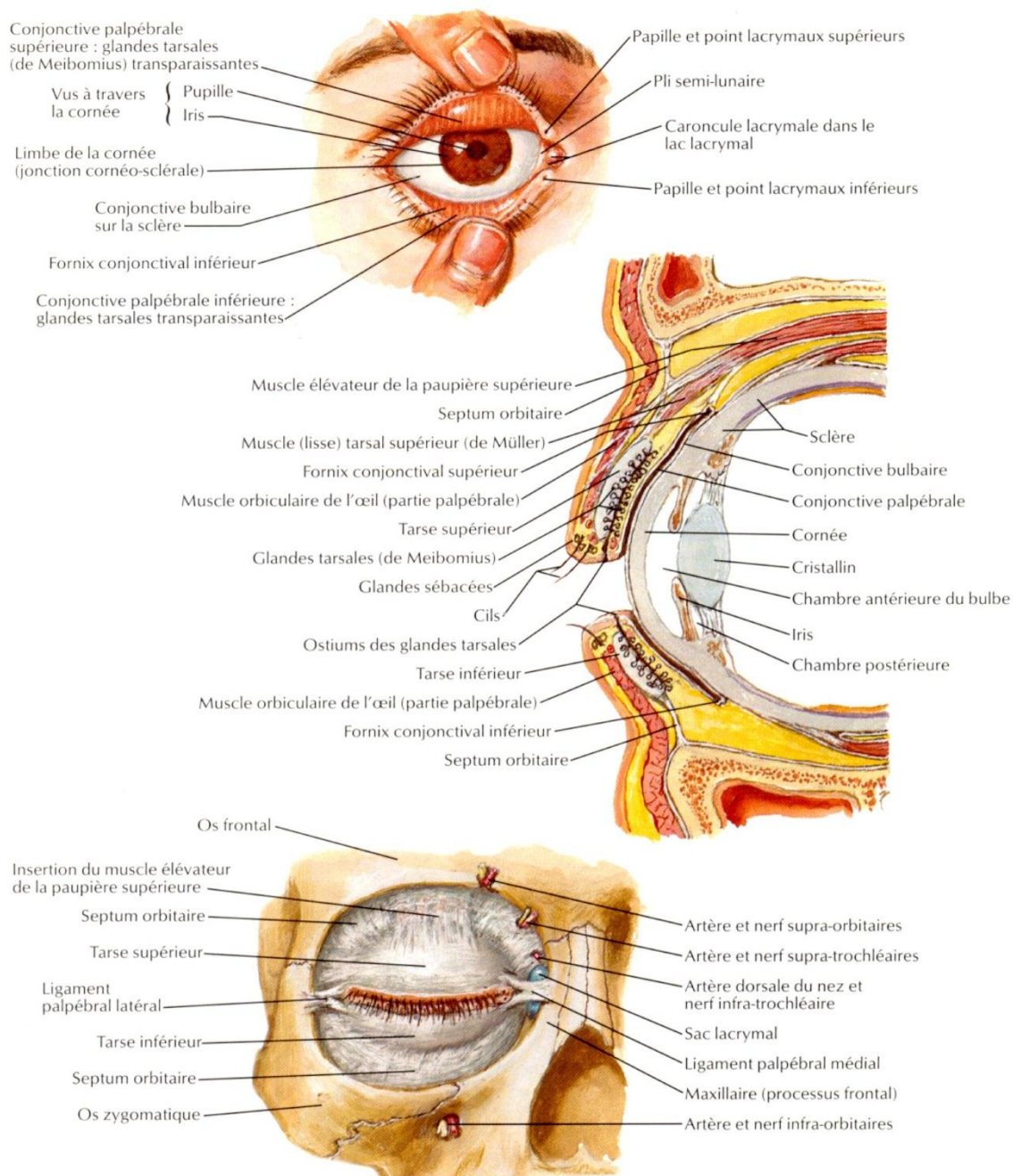


**Vue antérieure**  
Variation du nerf laryngé inférieur droit : absence du récurrent associée à une anomalie de l'artère subclavière droite

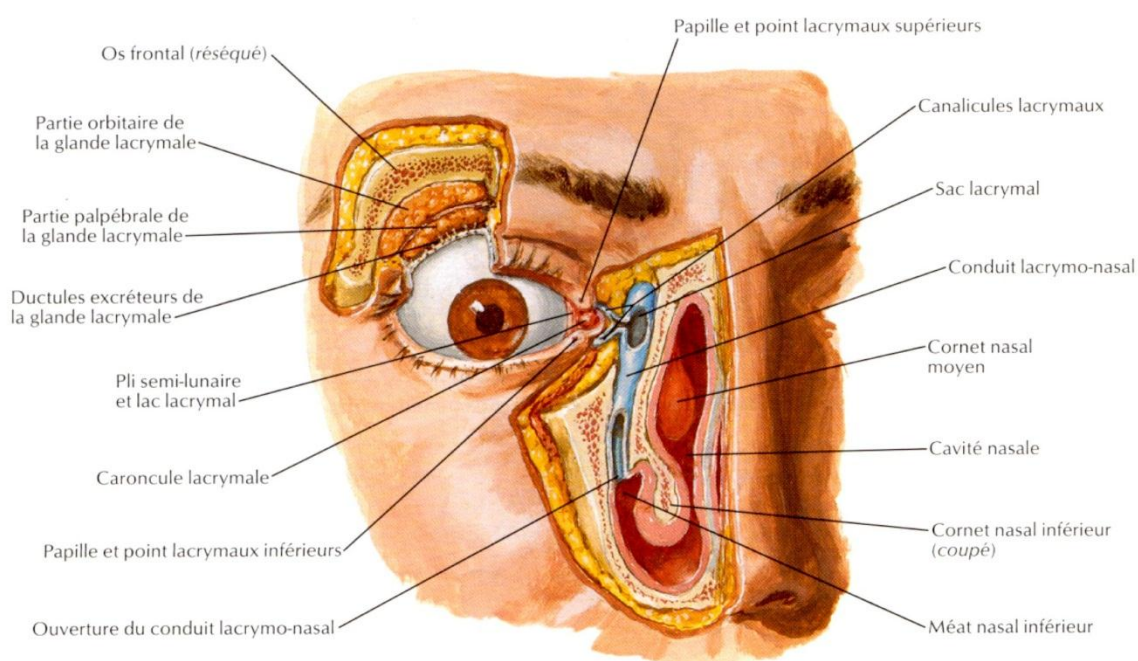
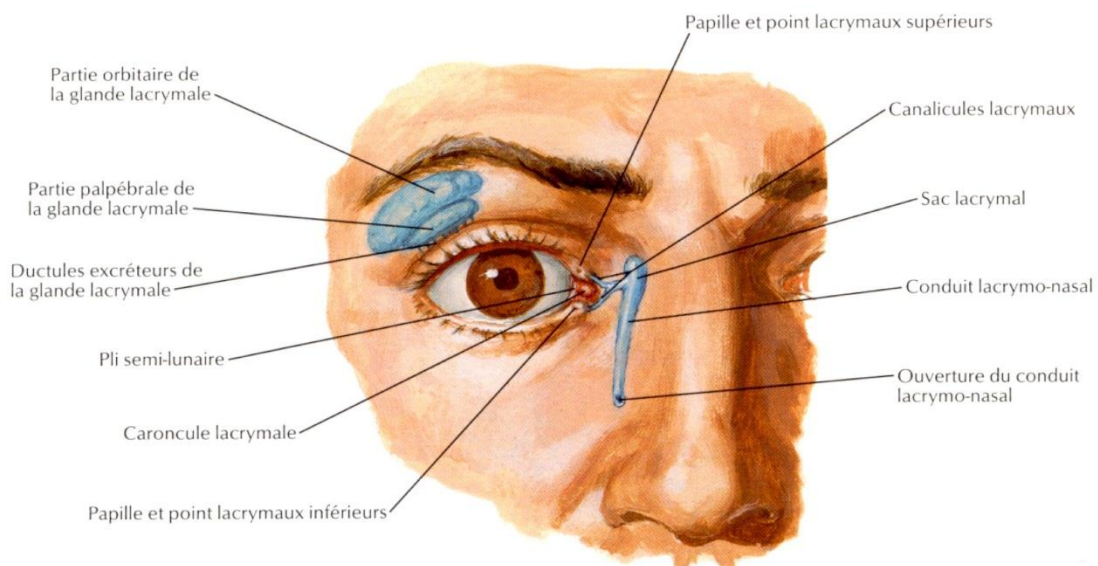


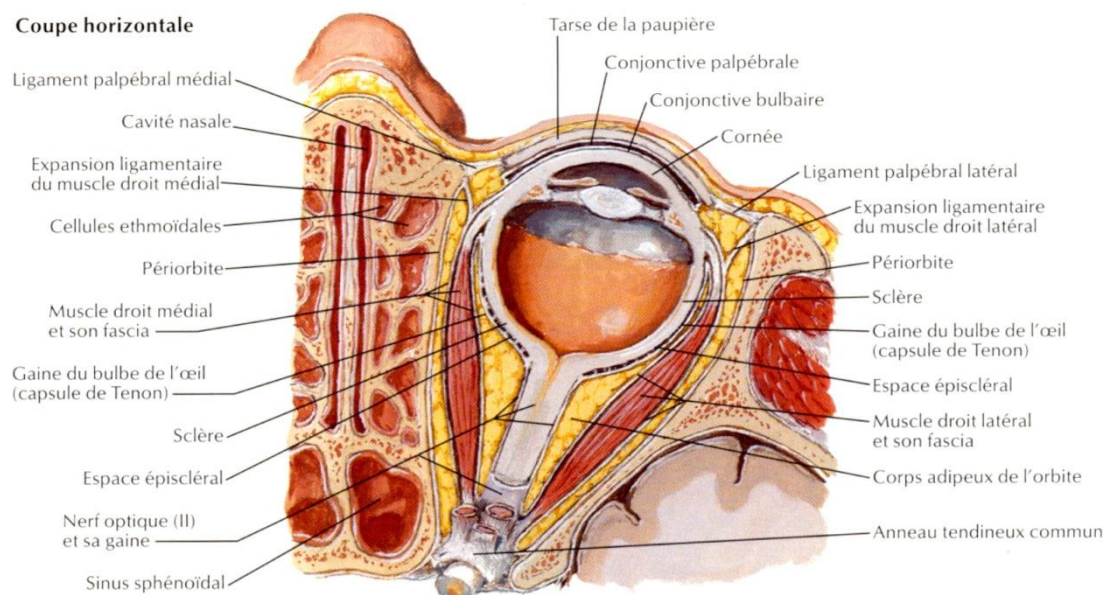
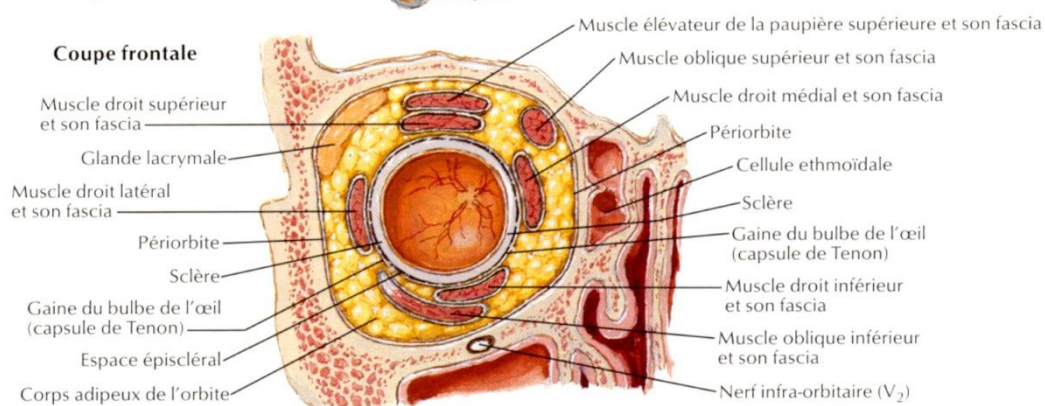
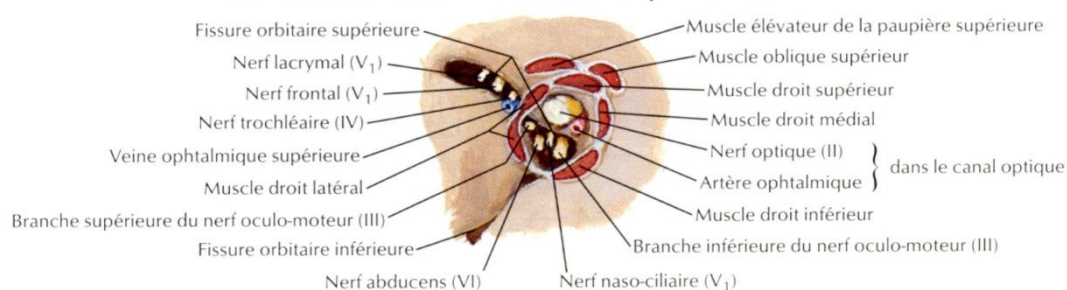


## h. Orbite et contenu

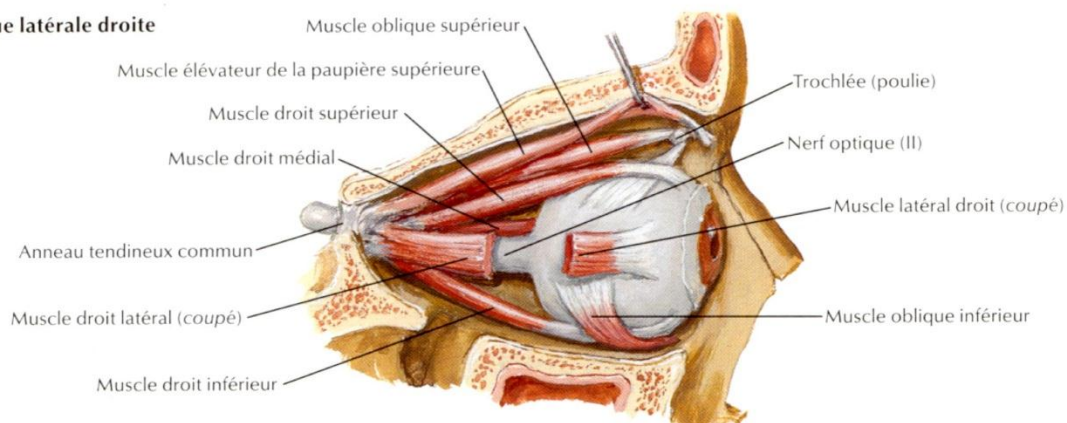
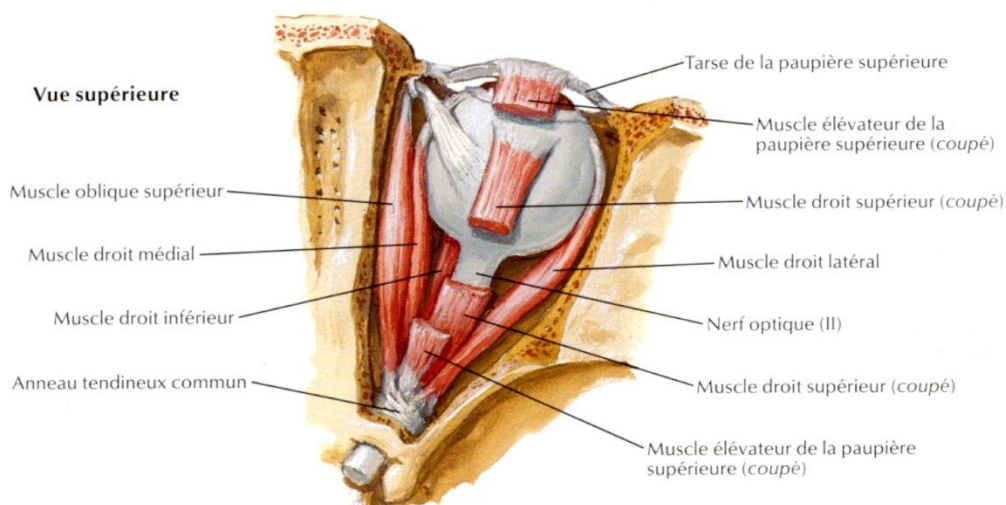
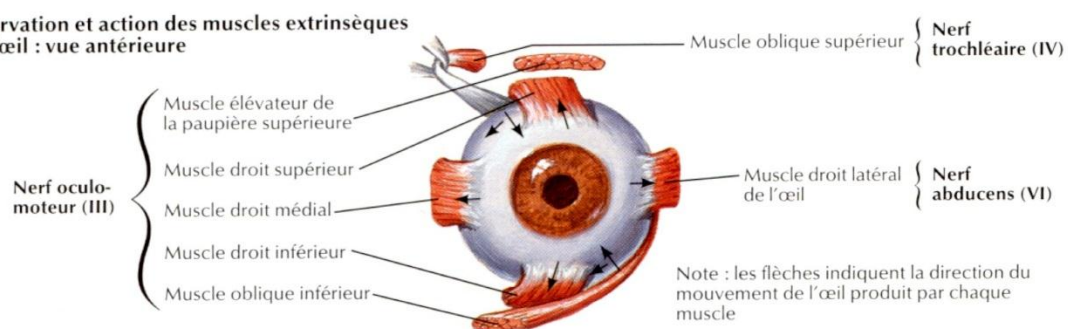


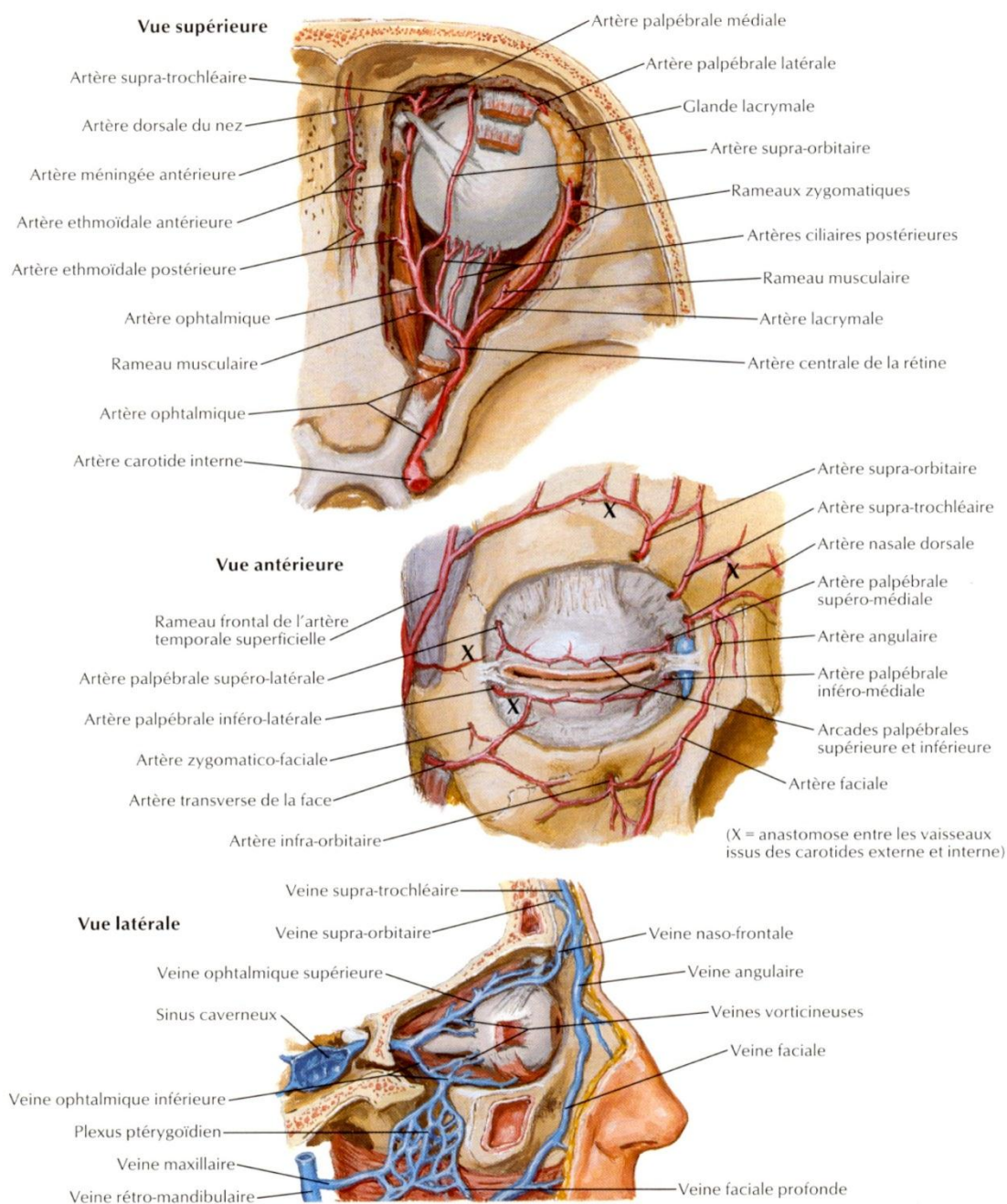




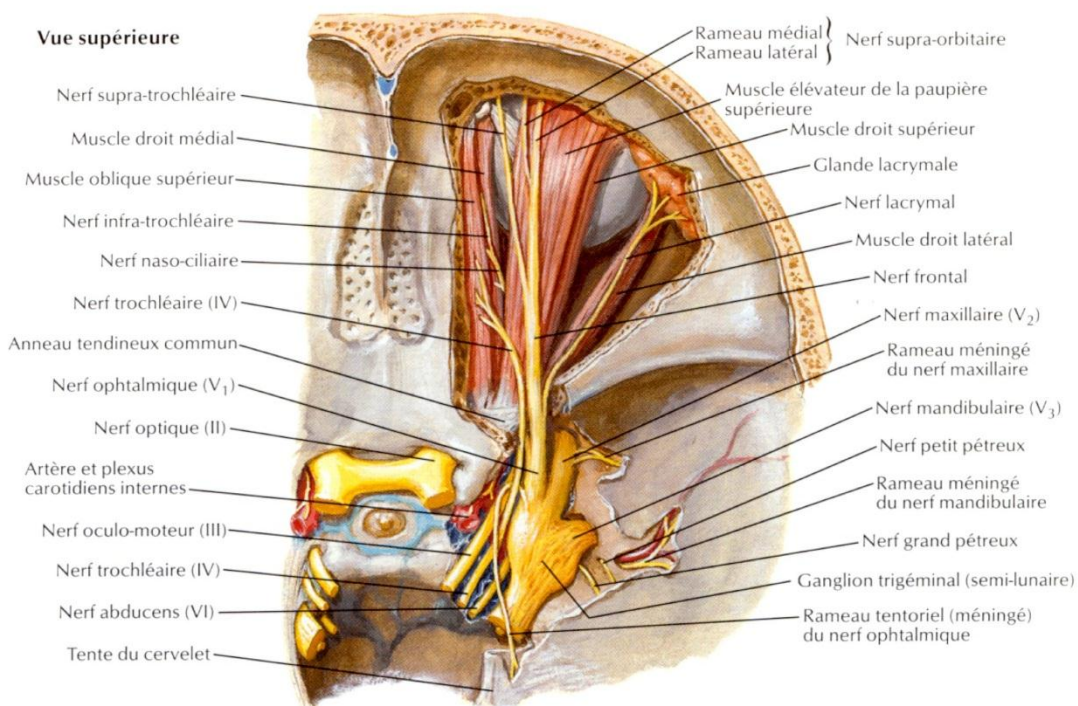
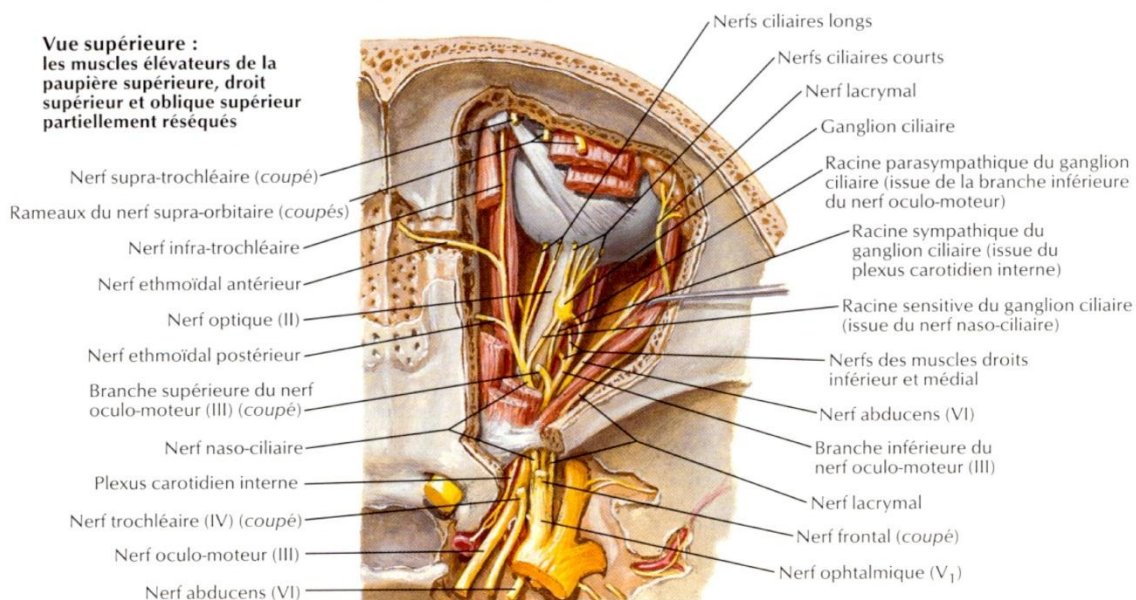
**Coupe horizontale****Coupe frontale****Insertions musculaires et nerfs et vaisseaux pénétrant dans l'orbite**



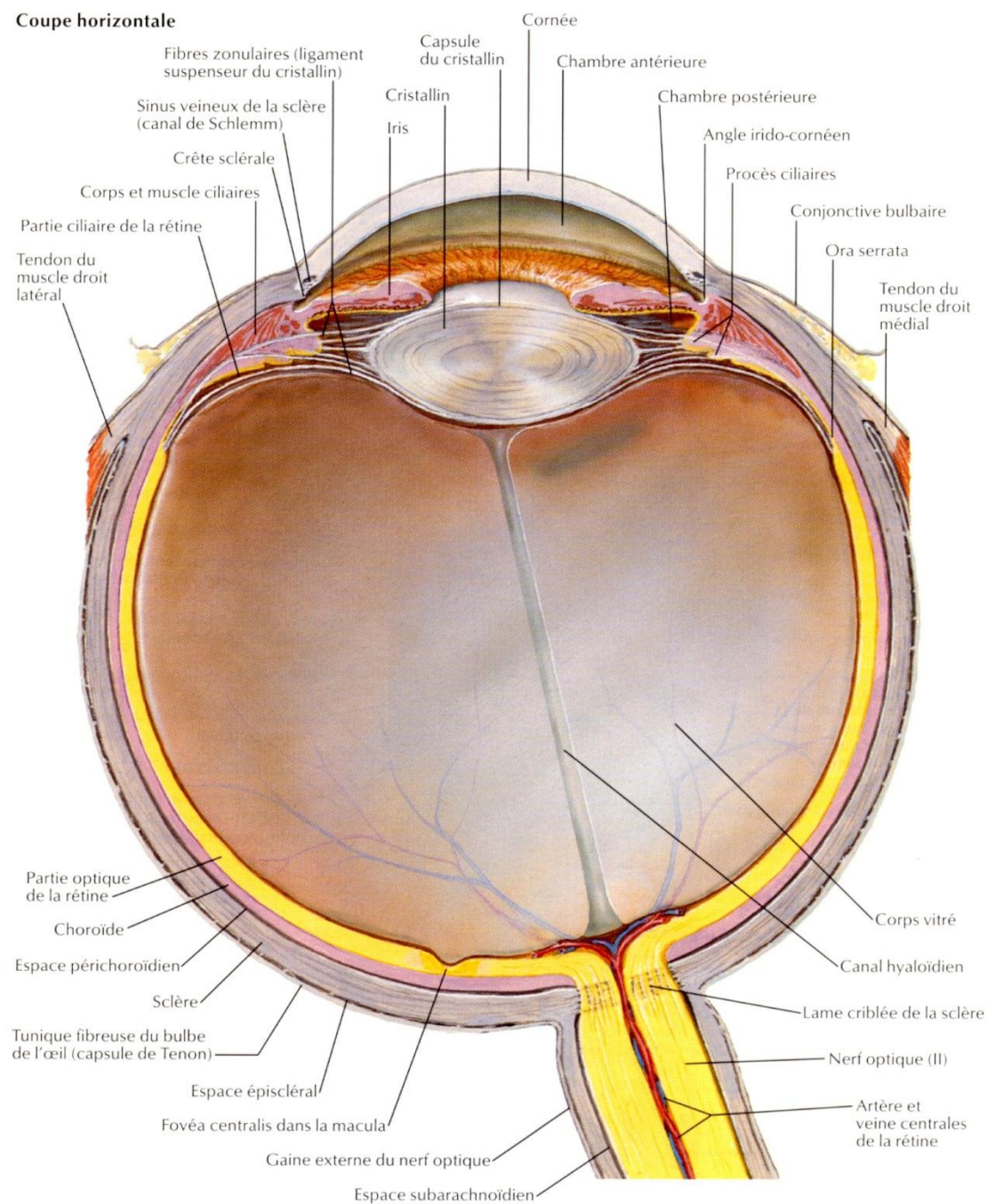
**Vue latérale droite****Vue supérieure****Innervation et action des muscles extrinsèques de l'œil : vue antérieure**



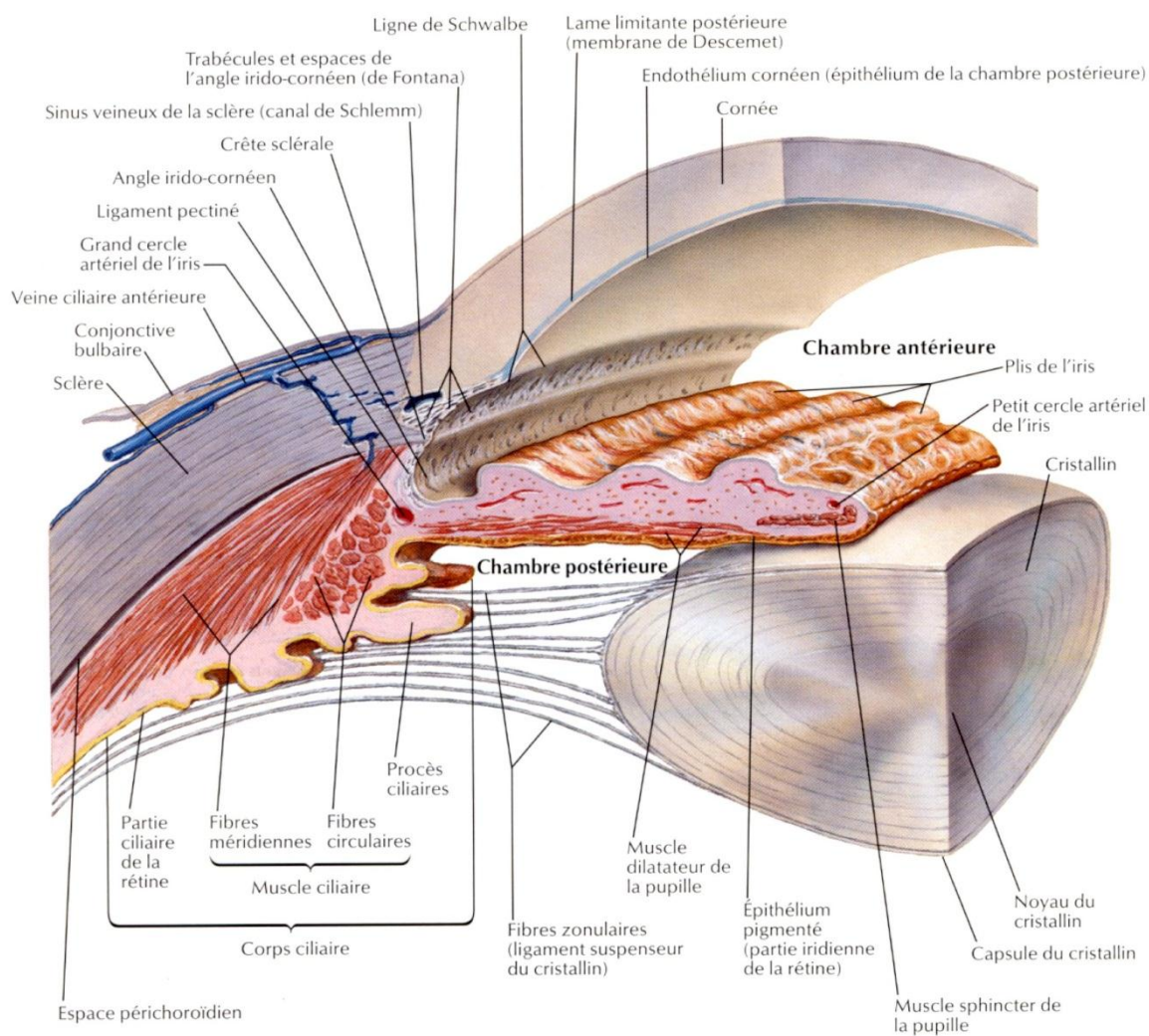


**Vue supérieure**
**Vue supérieure :  
les muscles élévateurs de la  
paupière supérieure, droit  
supérieur et oblique supérieur  
partiellement réséqués**


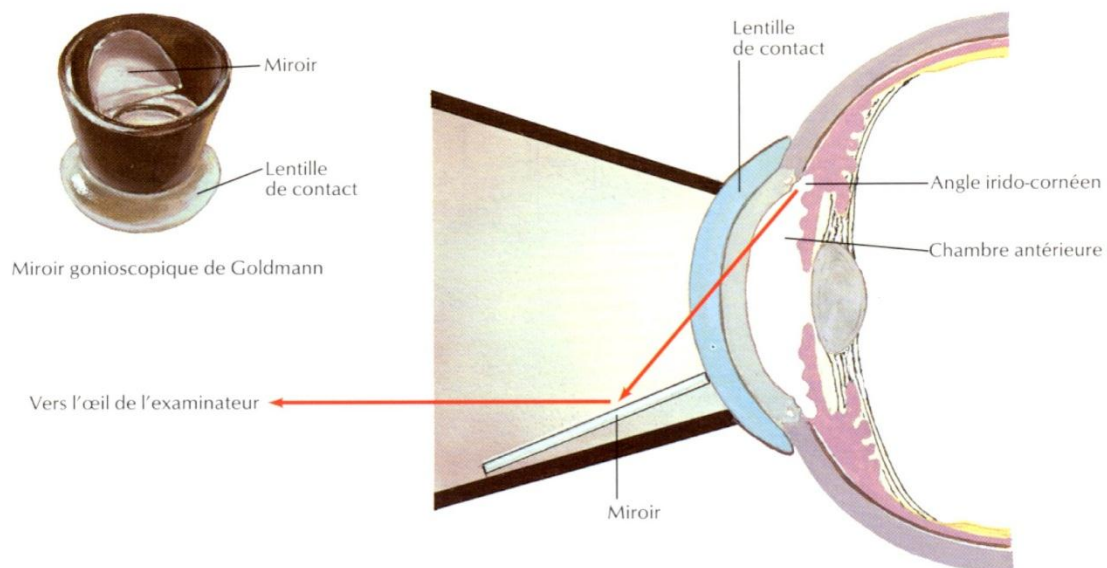
## Coupe horizontale



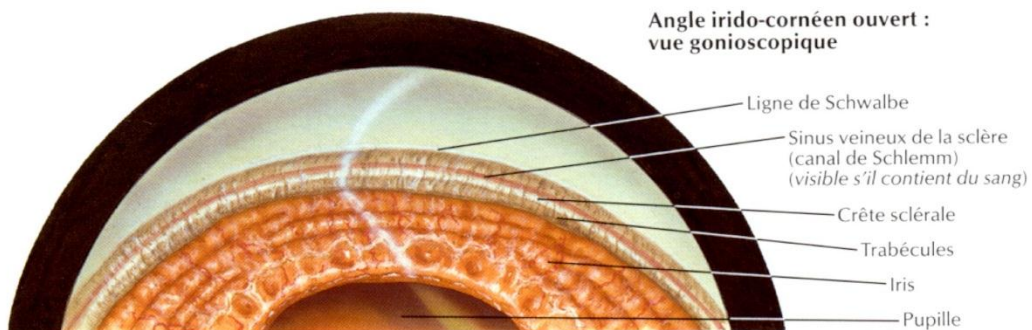




Note : par souci de clarté, il est représenté un seul plan de fibres zonulaires ; en fait, ces fibres entourent complètement l'équateur du cristallin



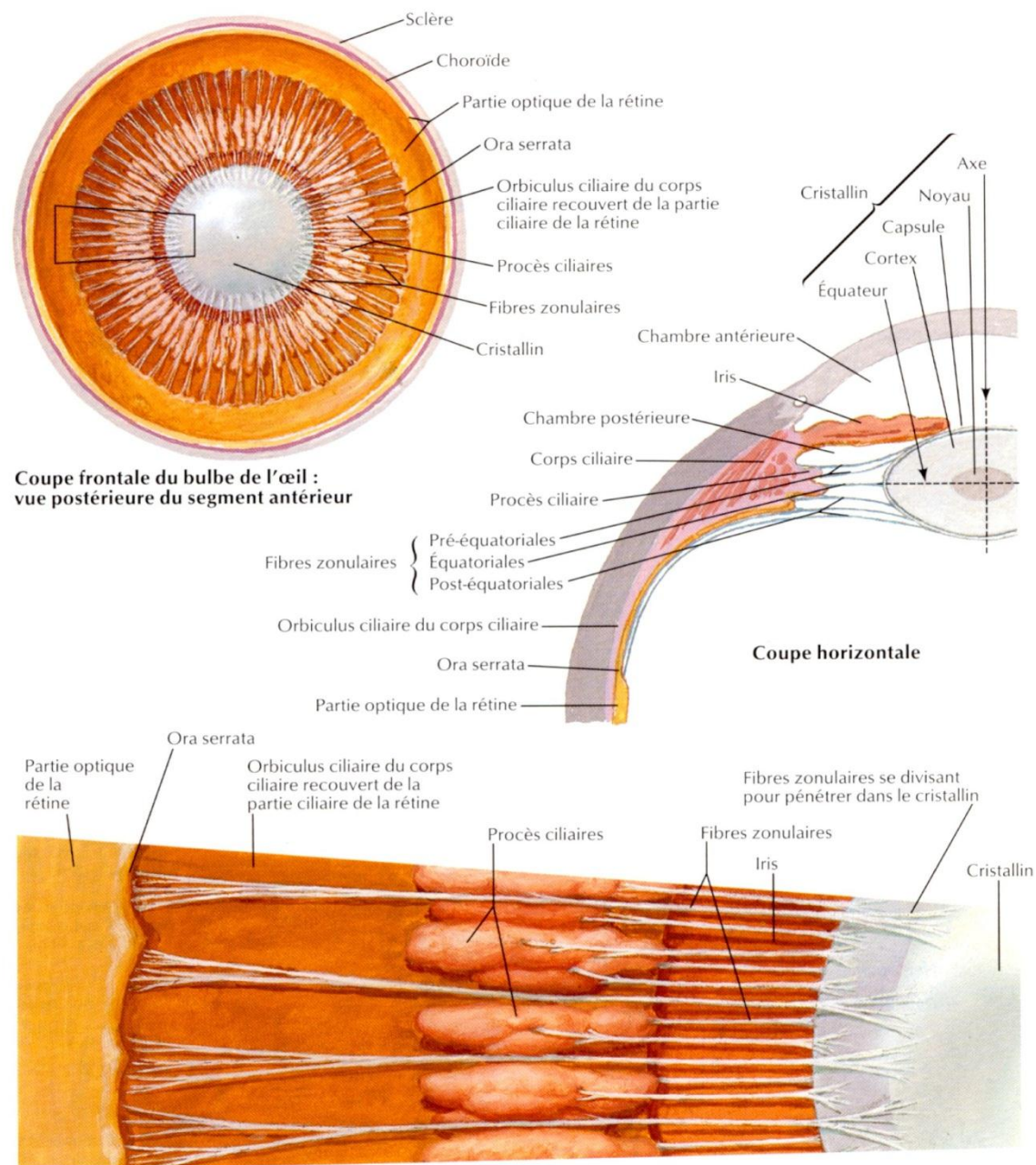
**Angle irido-cornéen ouvert :  
vue gonioscopique**



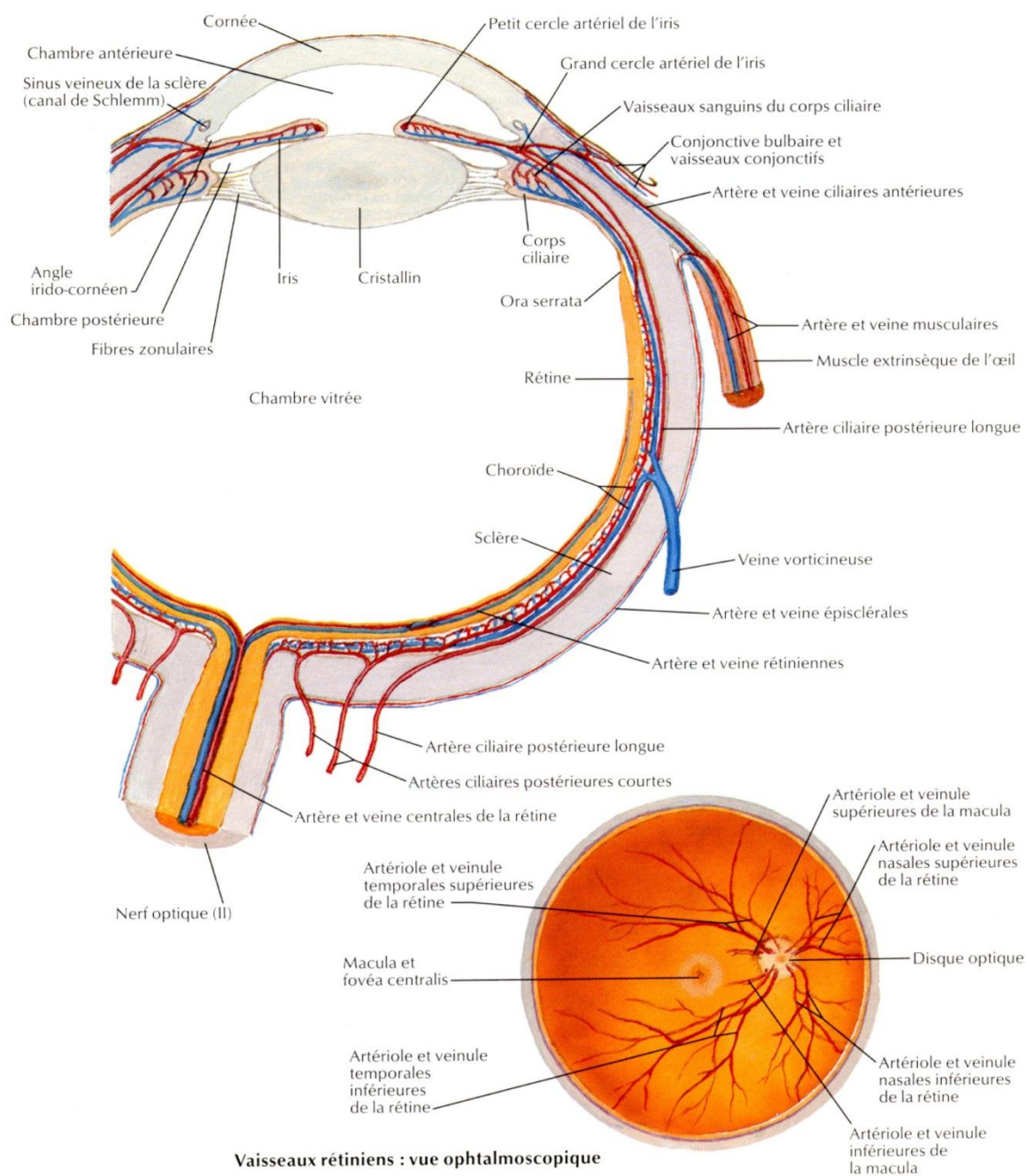
**Angle fermé :  
vue gonioscopique**







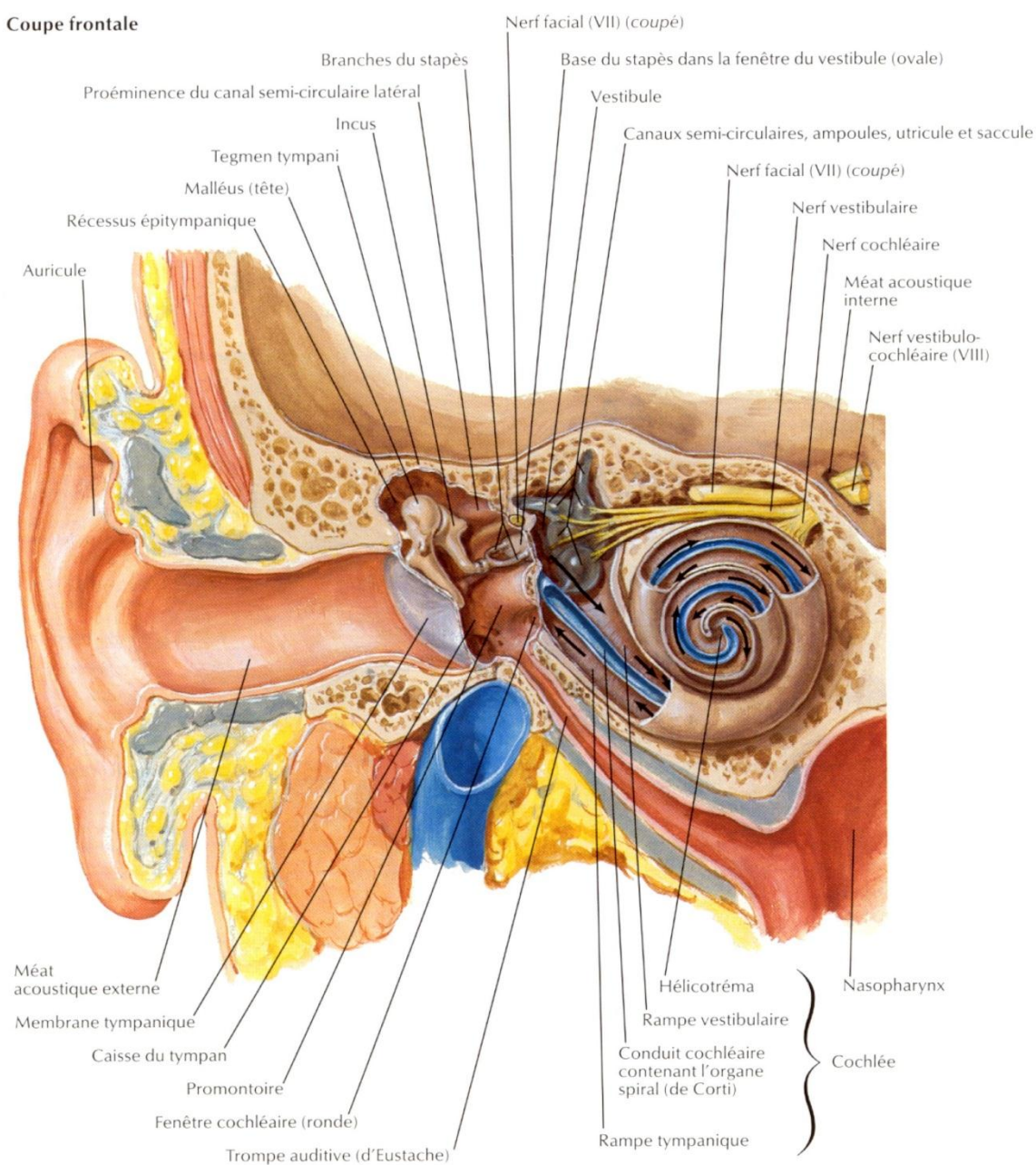
Fort grossissement du cartouche de la figure ci-dessus (semi-schématique)



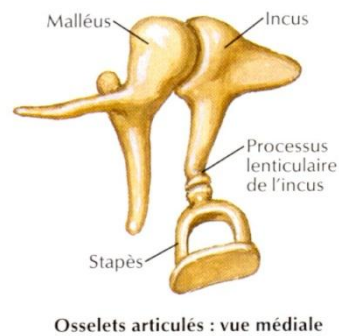
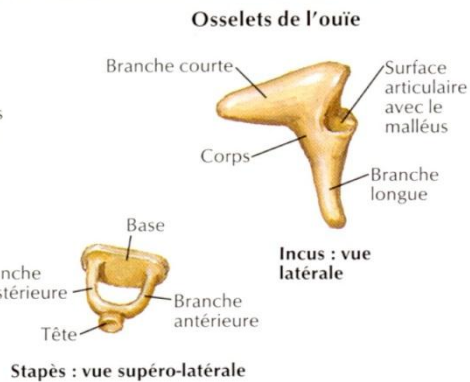
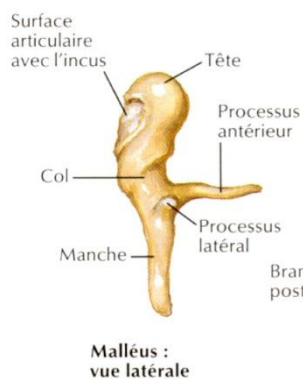
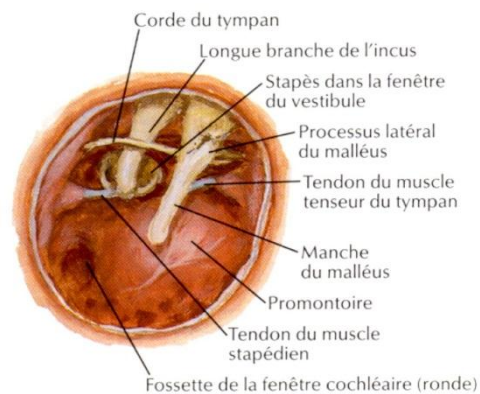
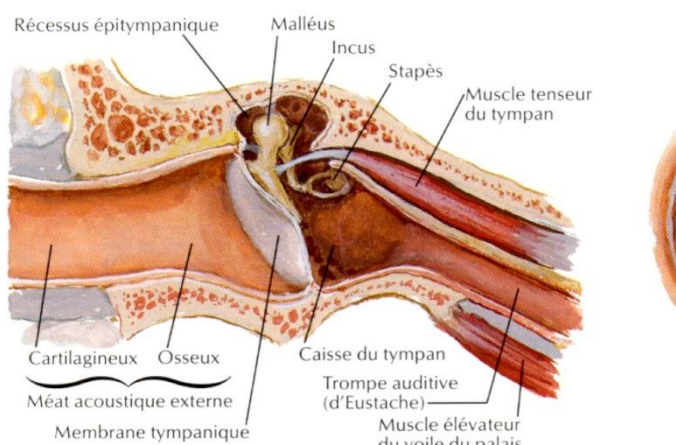
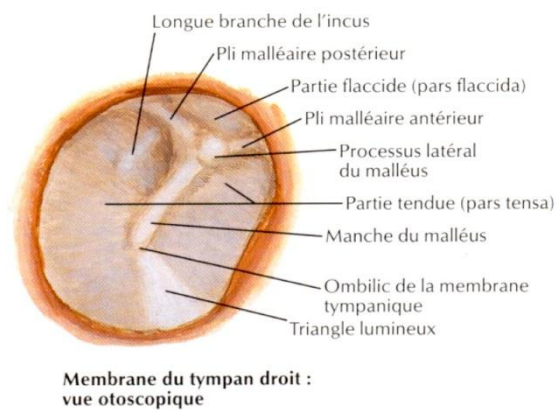
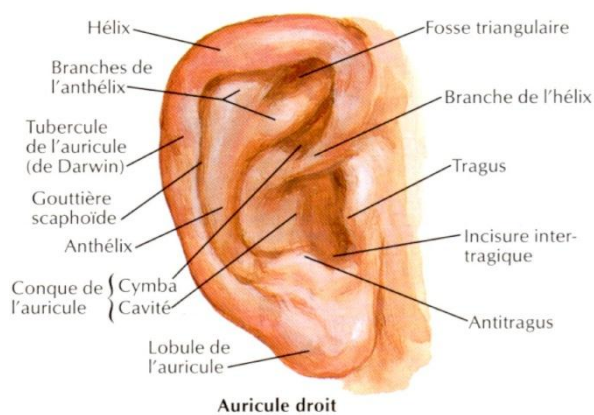


## i. Oreille

### Coupe frontale



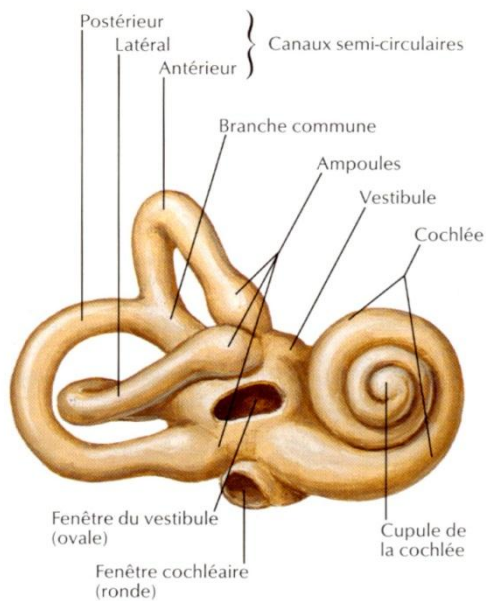
Note : les flèches indiquent le trajet de l'onde sonore



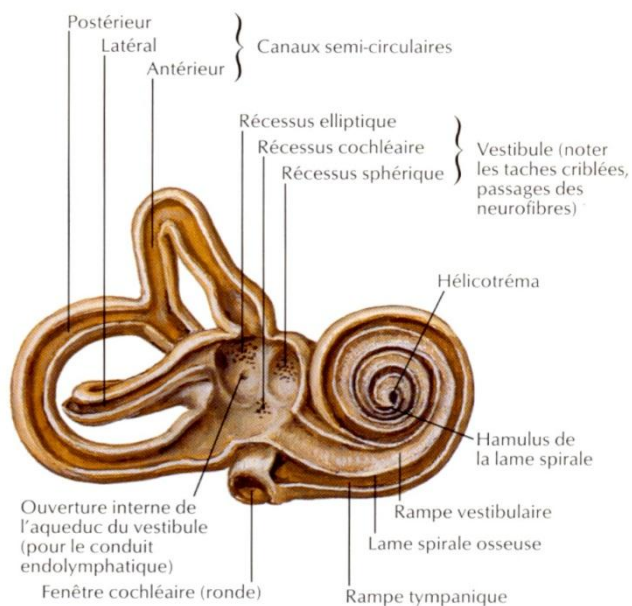




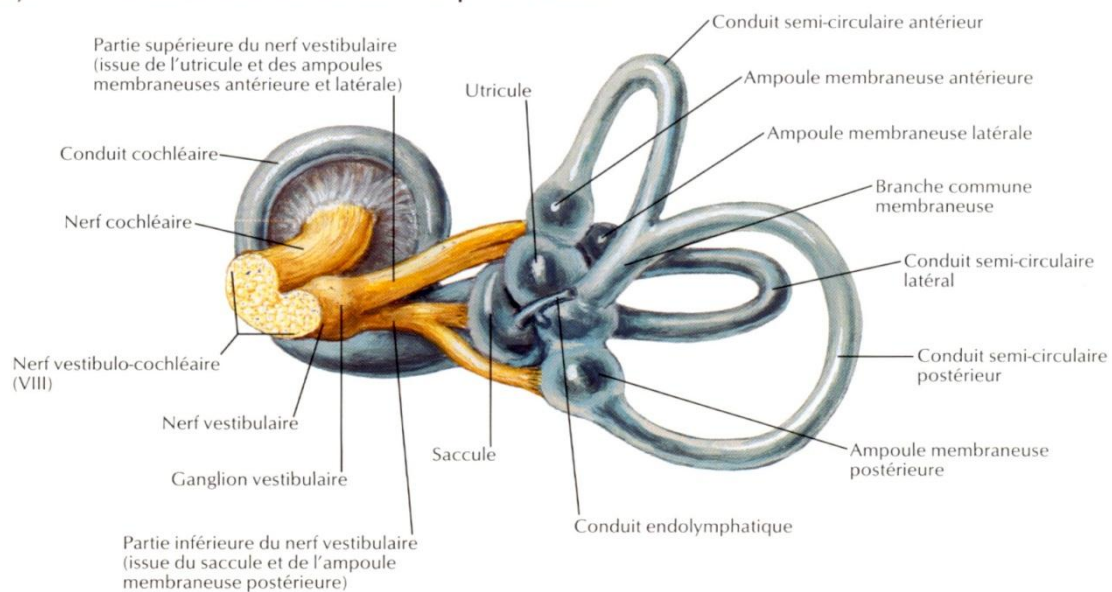
**Labyrinthe osseux droit (capsule otique), vue antéro-latérale : après ablation de l'os environnant**



**Labyrinthe osseux droit (capsule otique) disséqué : labyrinthe membraneux ôté**

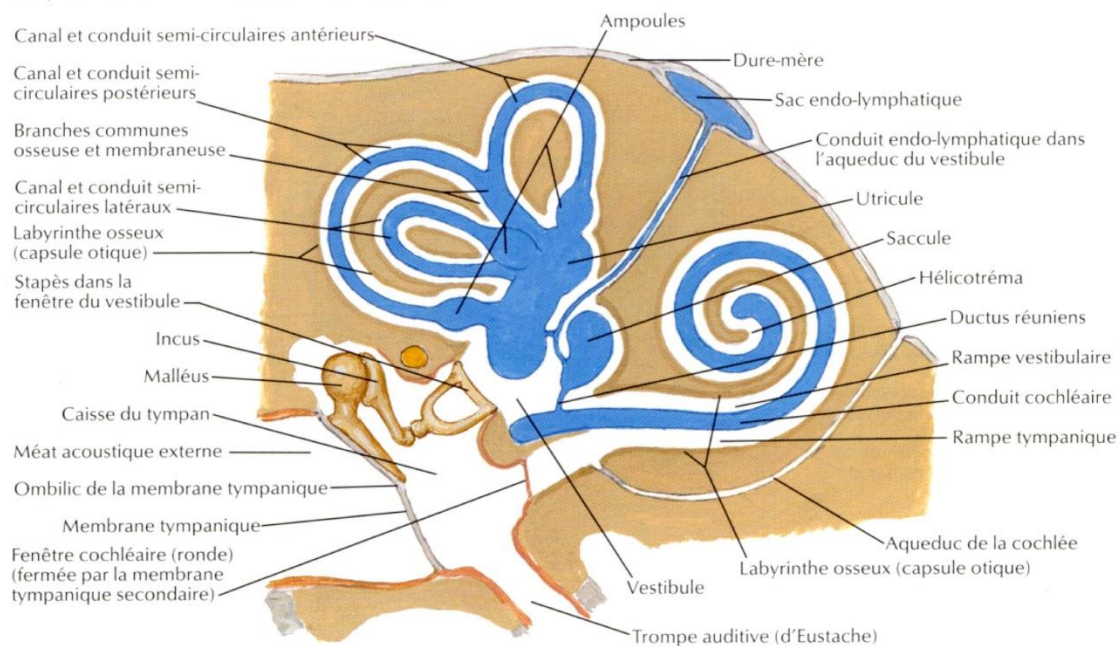


**Labyrinthe membraneux droit avec ses nerfs : vue postéro-médiale**

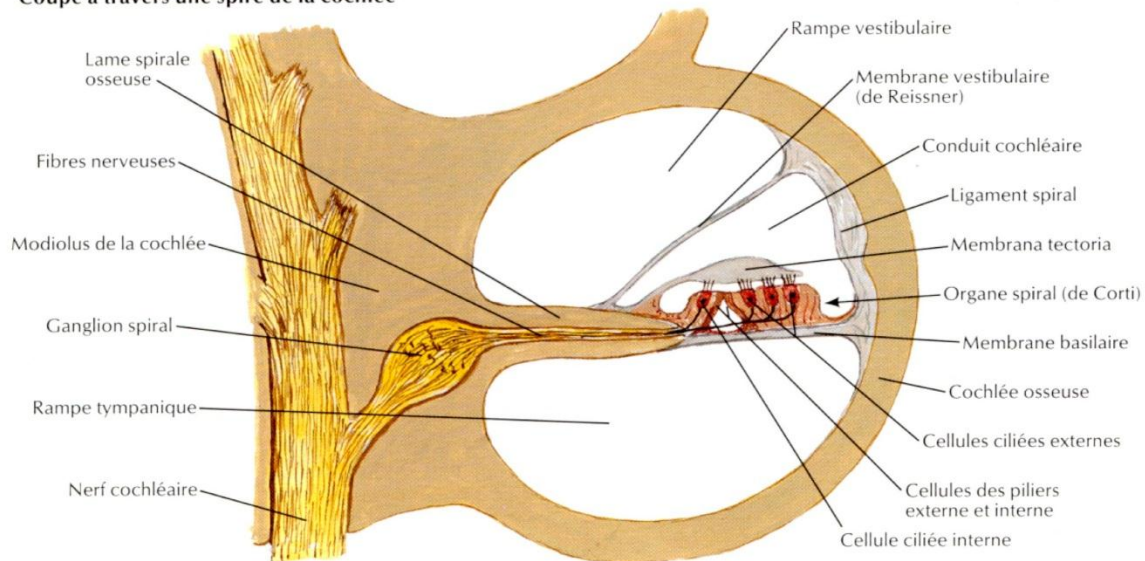




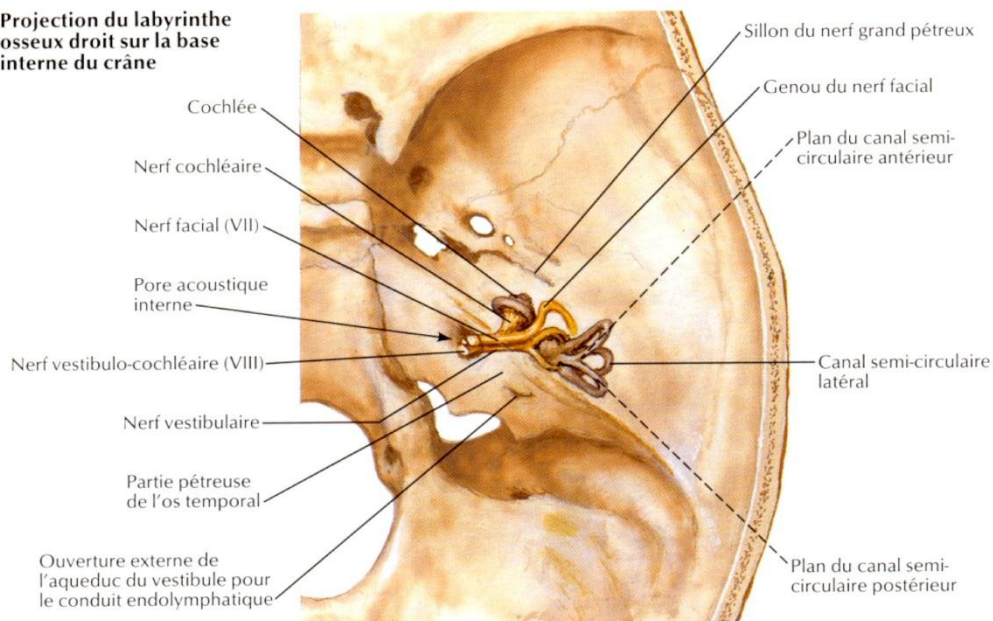
### Labyrinthe osseux et membraneux : schéma



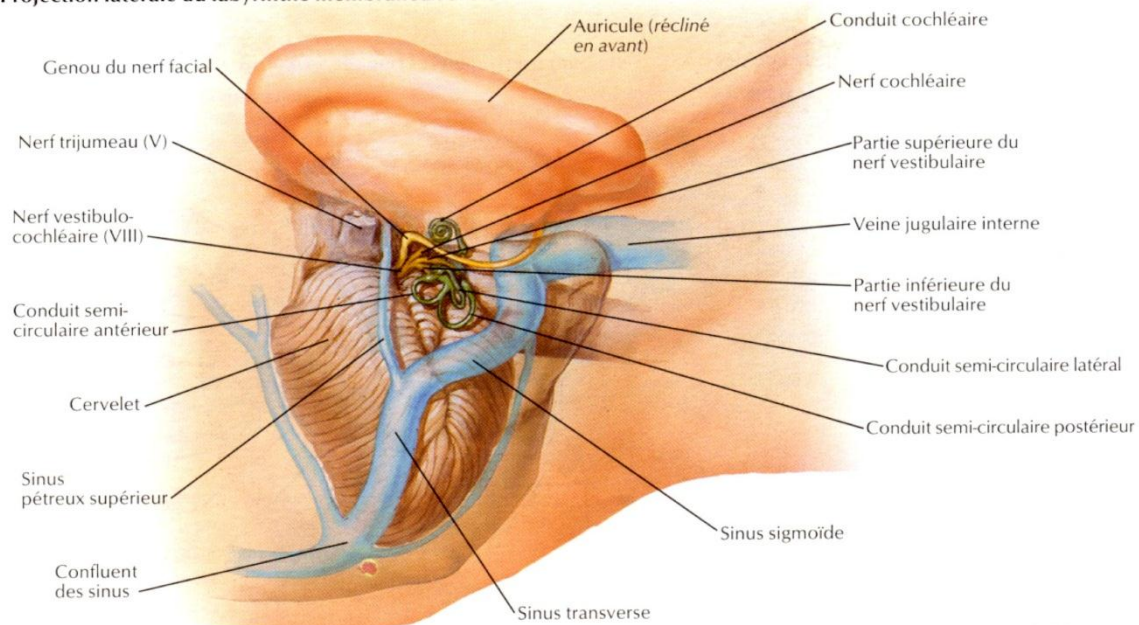
### Coupe à travers une spire de la cochlée



### Projection du labyrinthe osseux droit sur la base interne du crâne

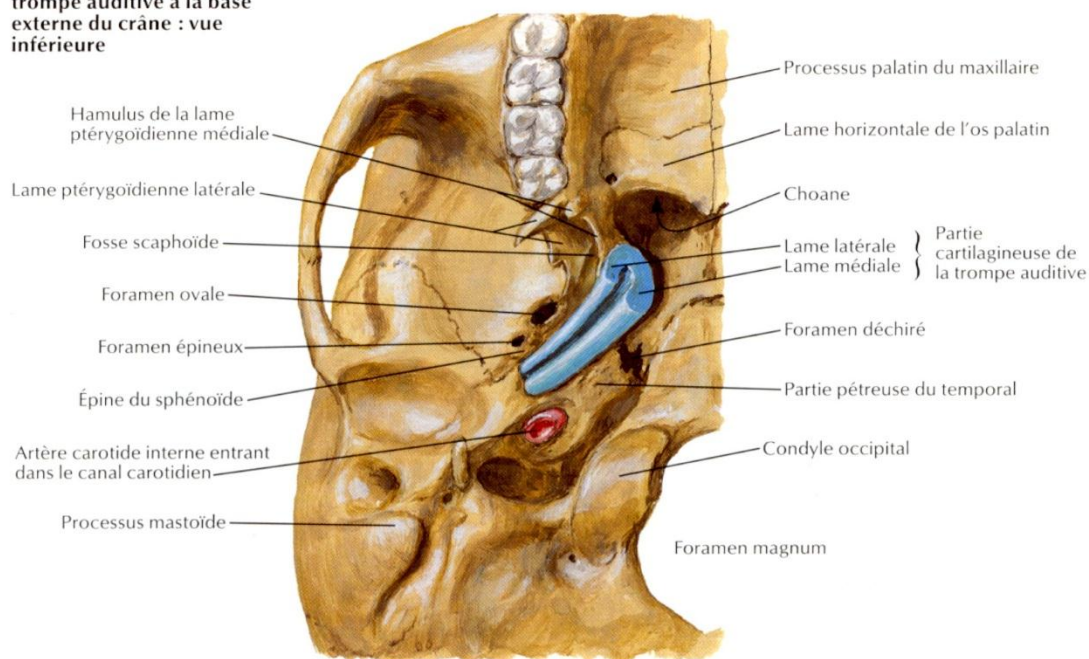


### Projection latérale du labyrinthe membraneux droit

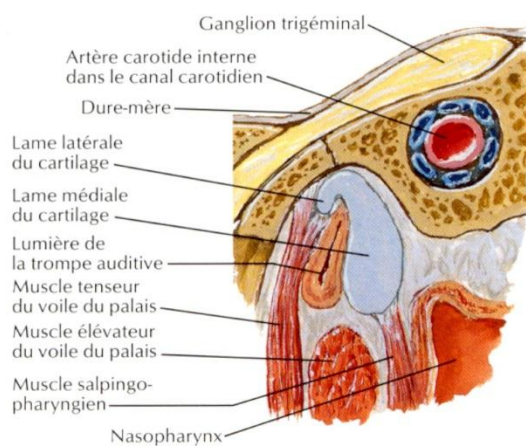




**Partie cartilagineuse de la trompe auditive à la base externe du crâne : vue inférieure**

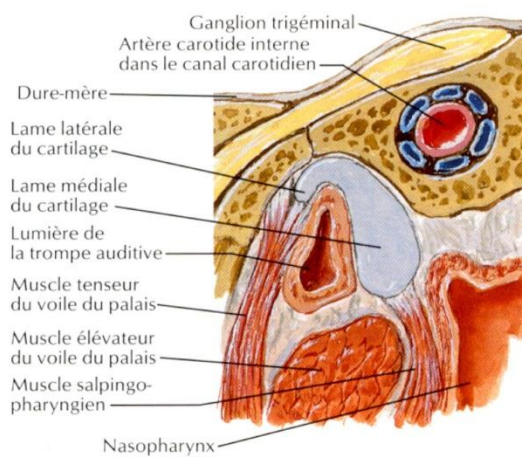


**Coupe à travers la partie cartilagineuse de la trompe auditive fermée**



Trompe auditive fermée par l'élasticité du cartilage, la turgescence des tissus et la contraction des muscles salpingo-pharyngiens

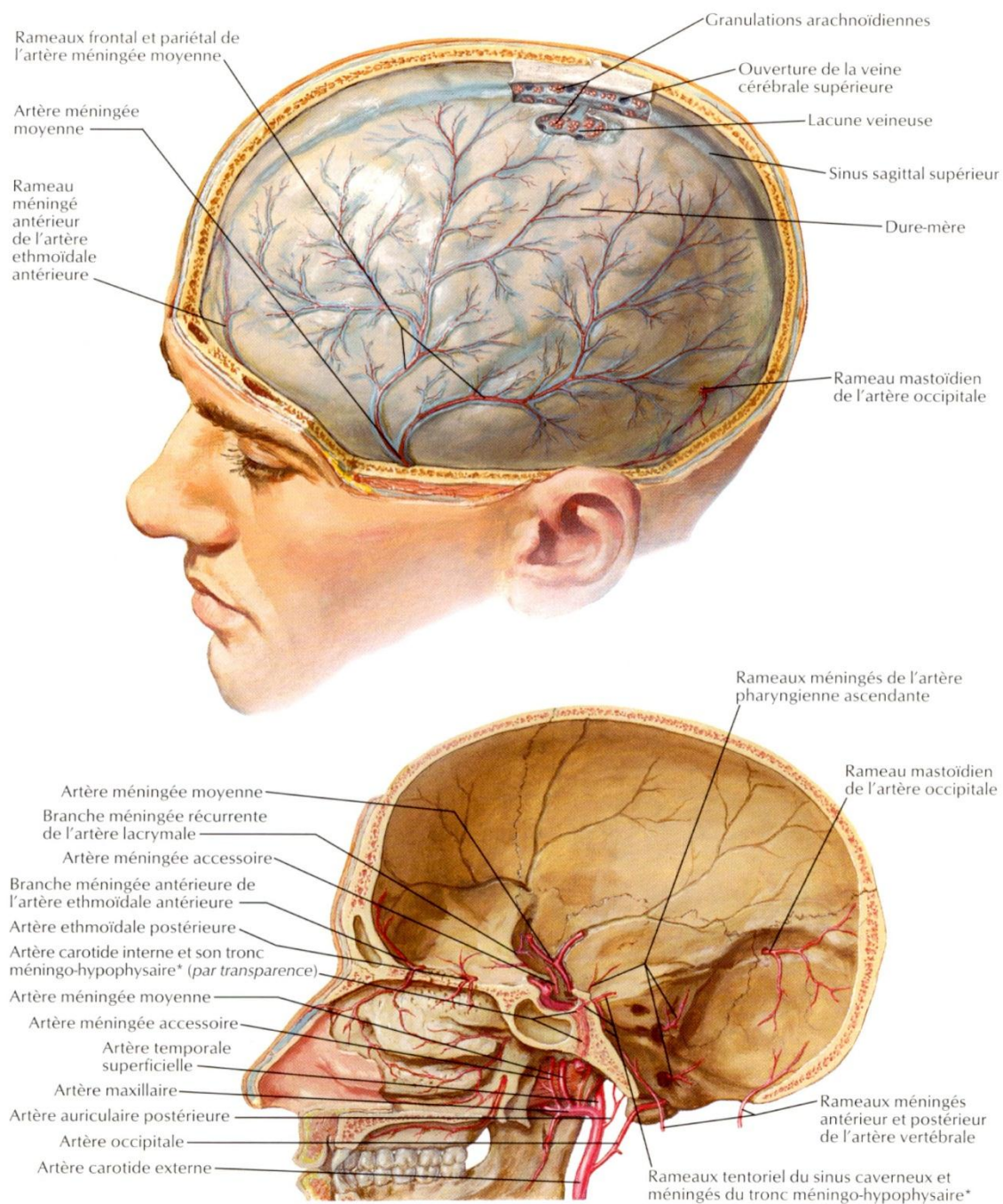
**Coupe à travers la partie cartilagineuse de la trompe auditive ouverte**



Lumière ouverte principalement quand l'insertion du muscle tenseur du voile du palais attire la paroi de la trompe latéralement pendant la déglutition



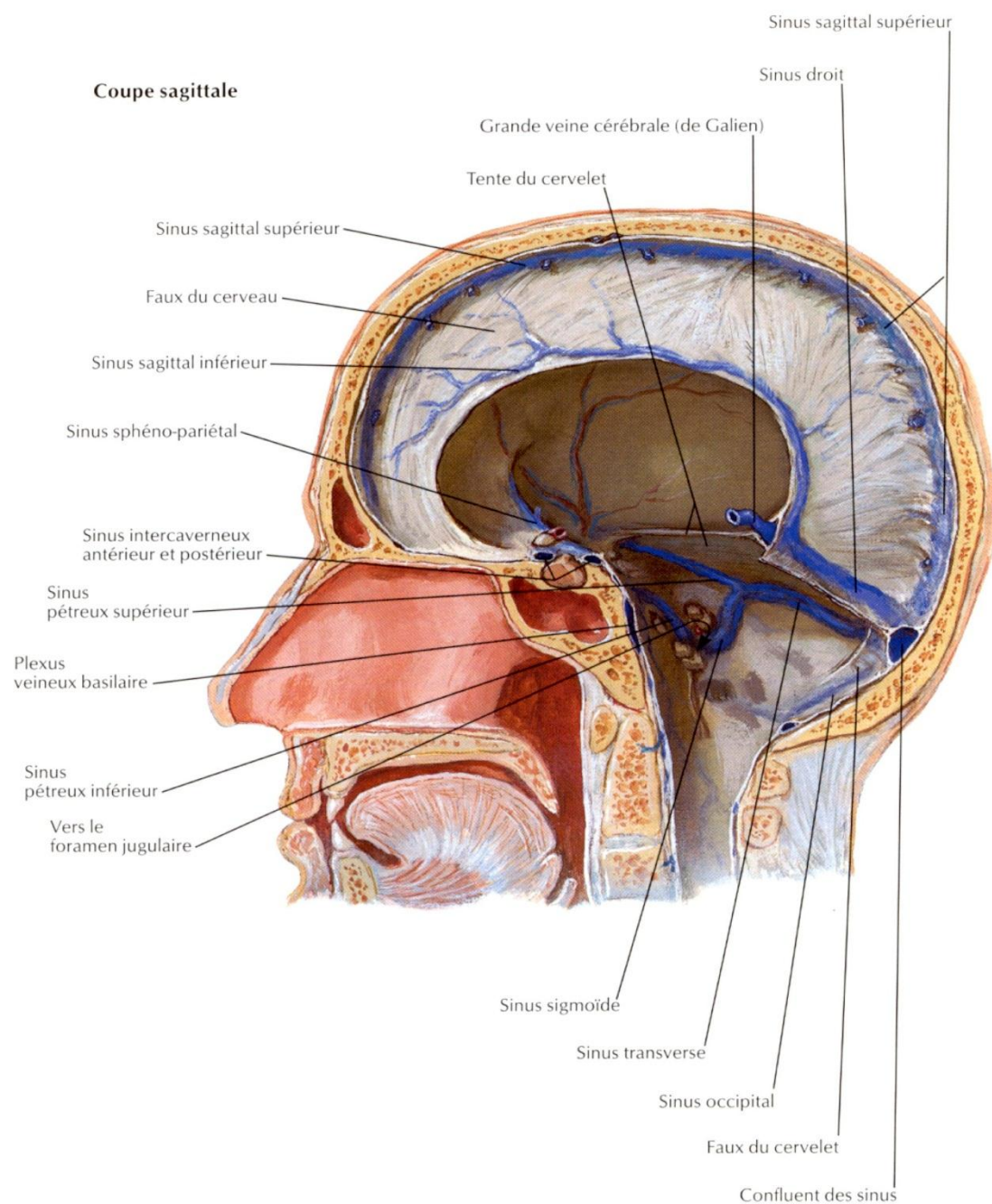




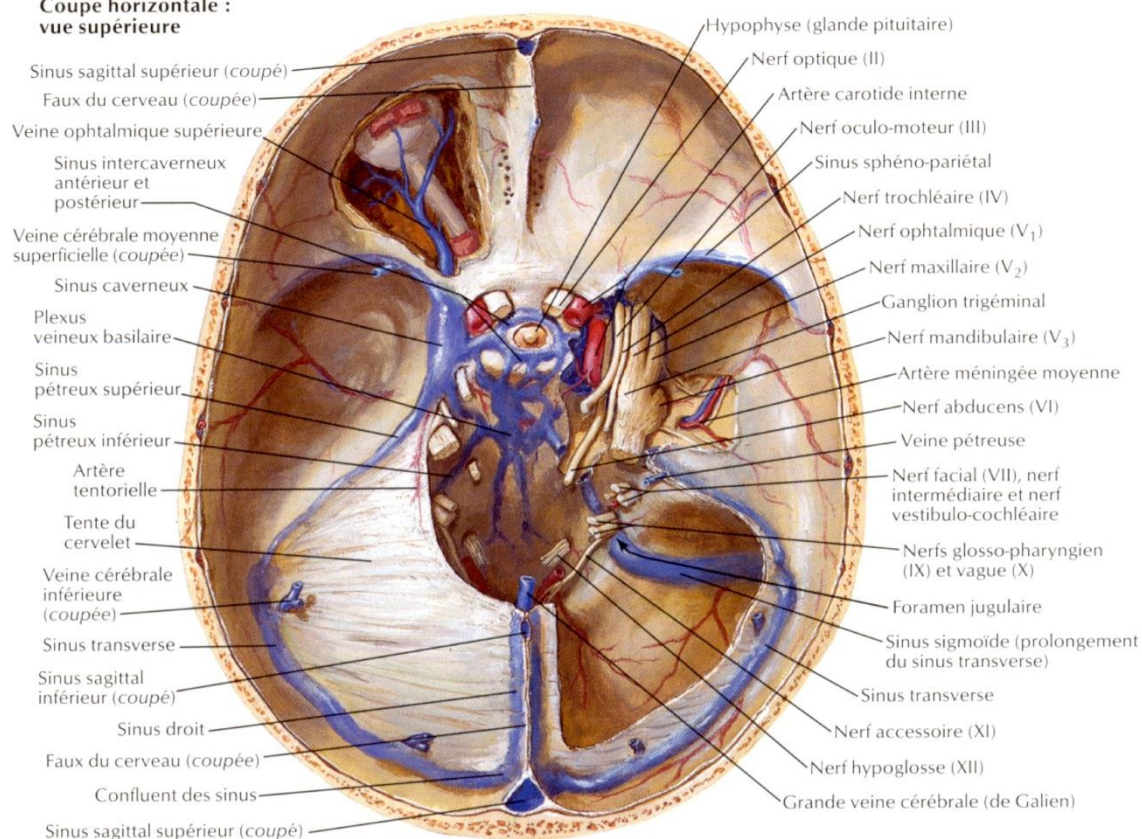
\* Variation : plus fréquemment, ces branches naissent directement de l'artère carotide interne







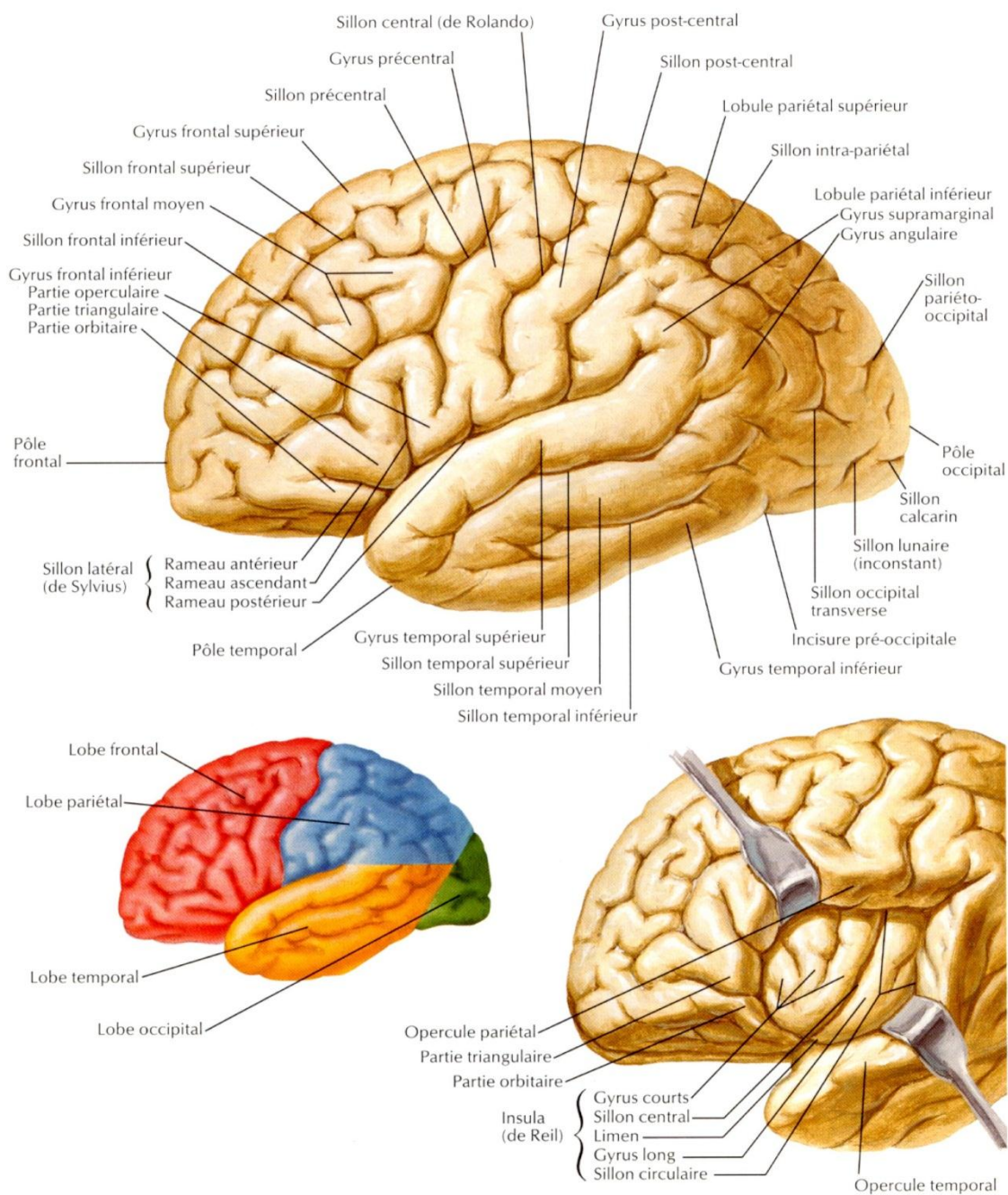
### Coupe horizontale : vue supérieure

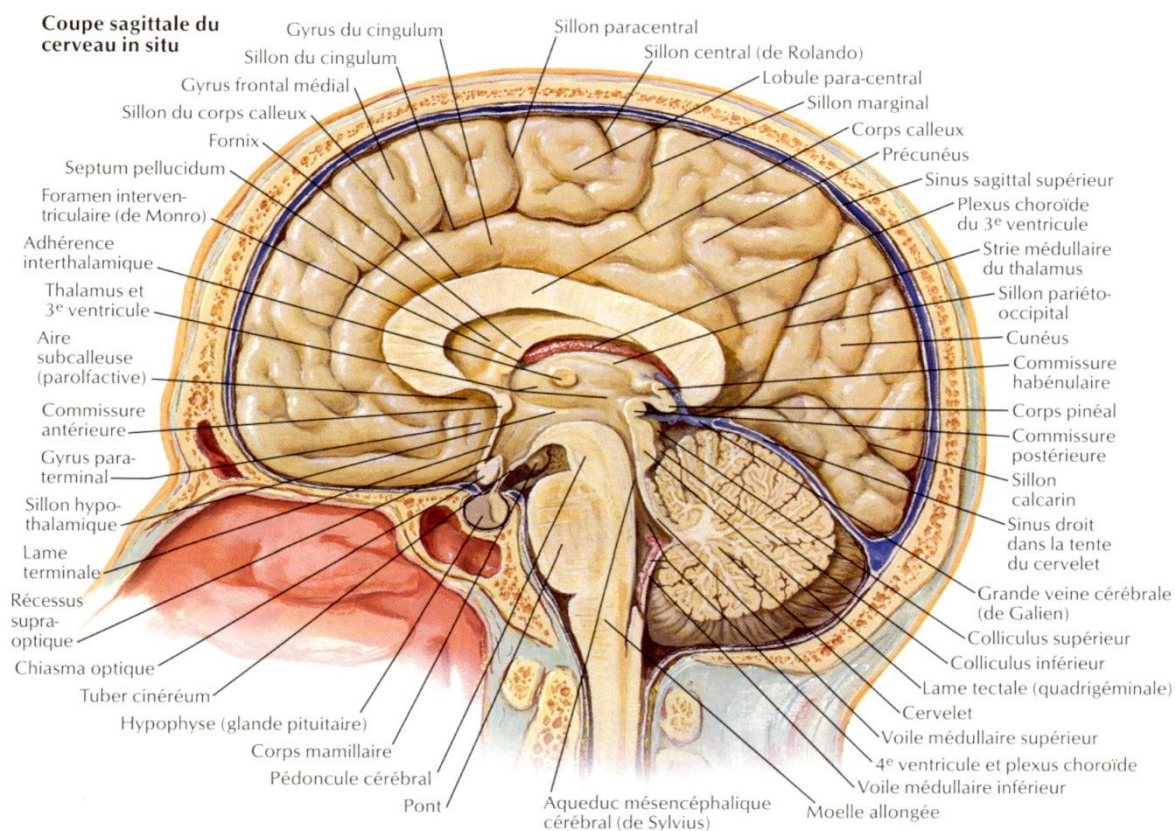


### Coupe coronale à travers le sinus caverneux

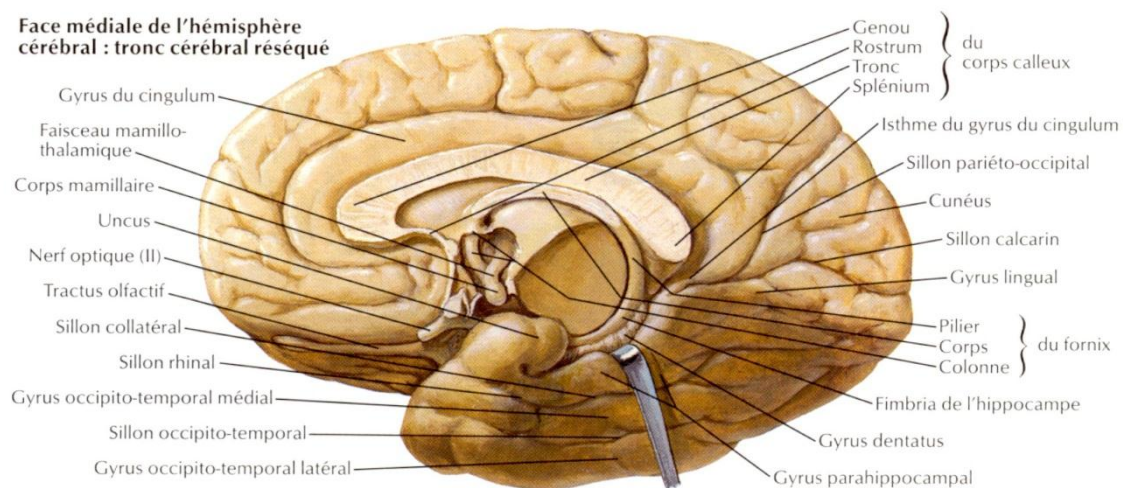




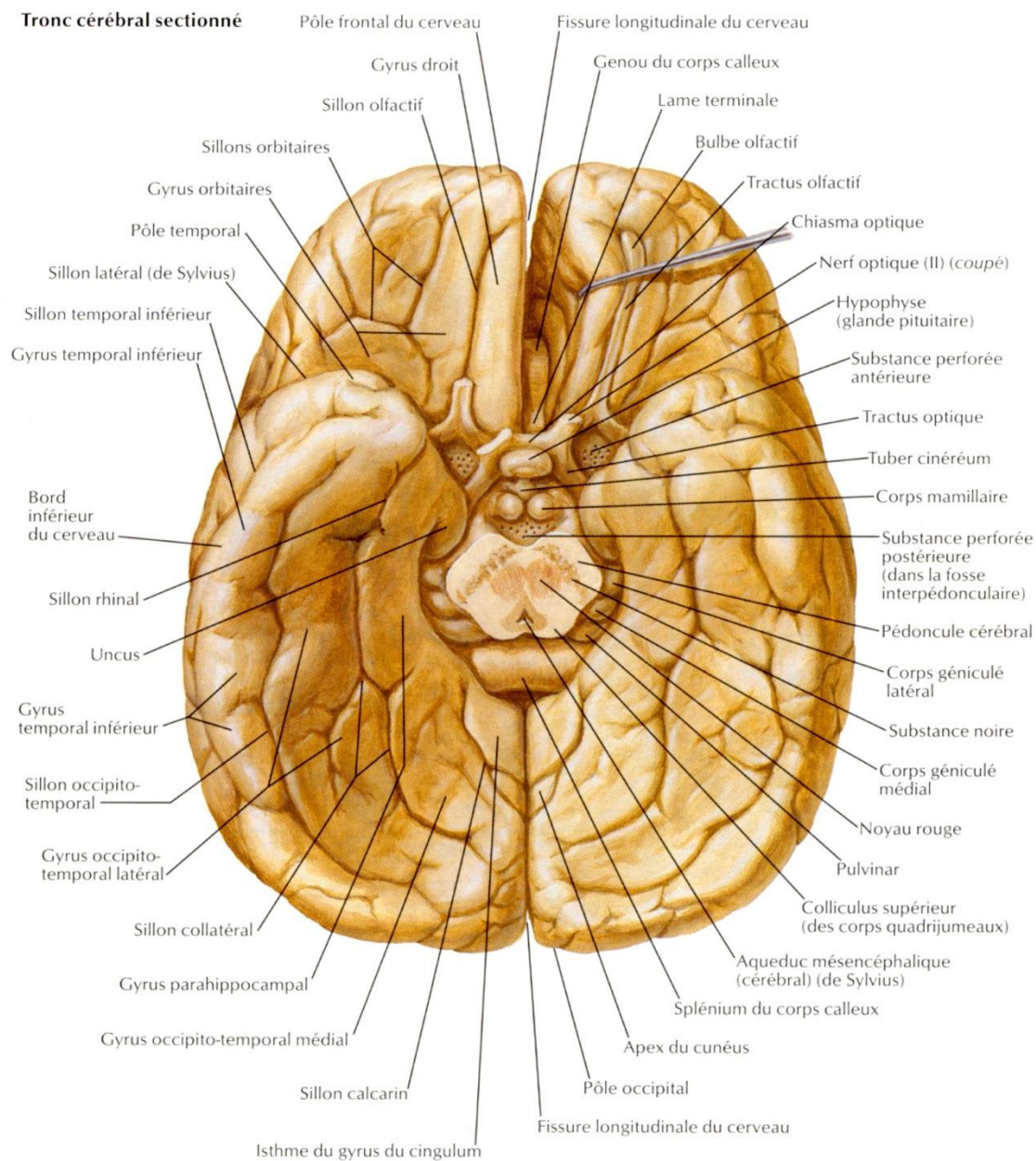


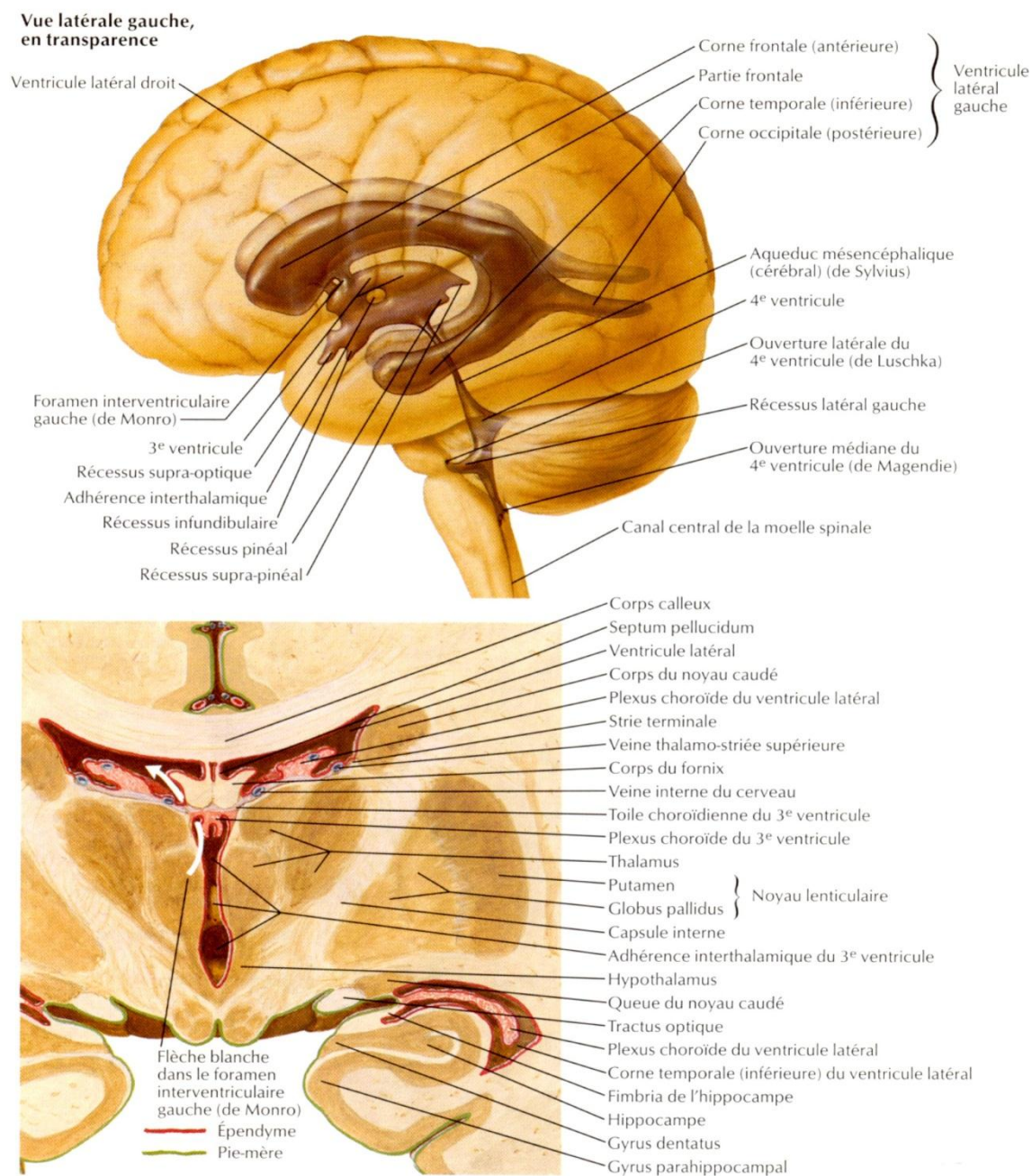


**Face médiale de l'hémisphère cérébral : tronc cérébral réséqué**



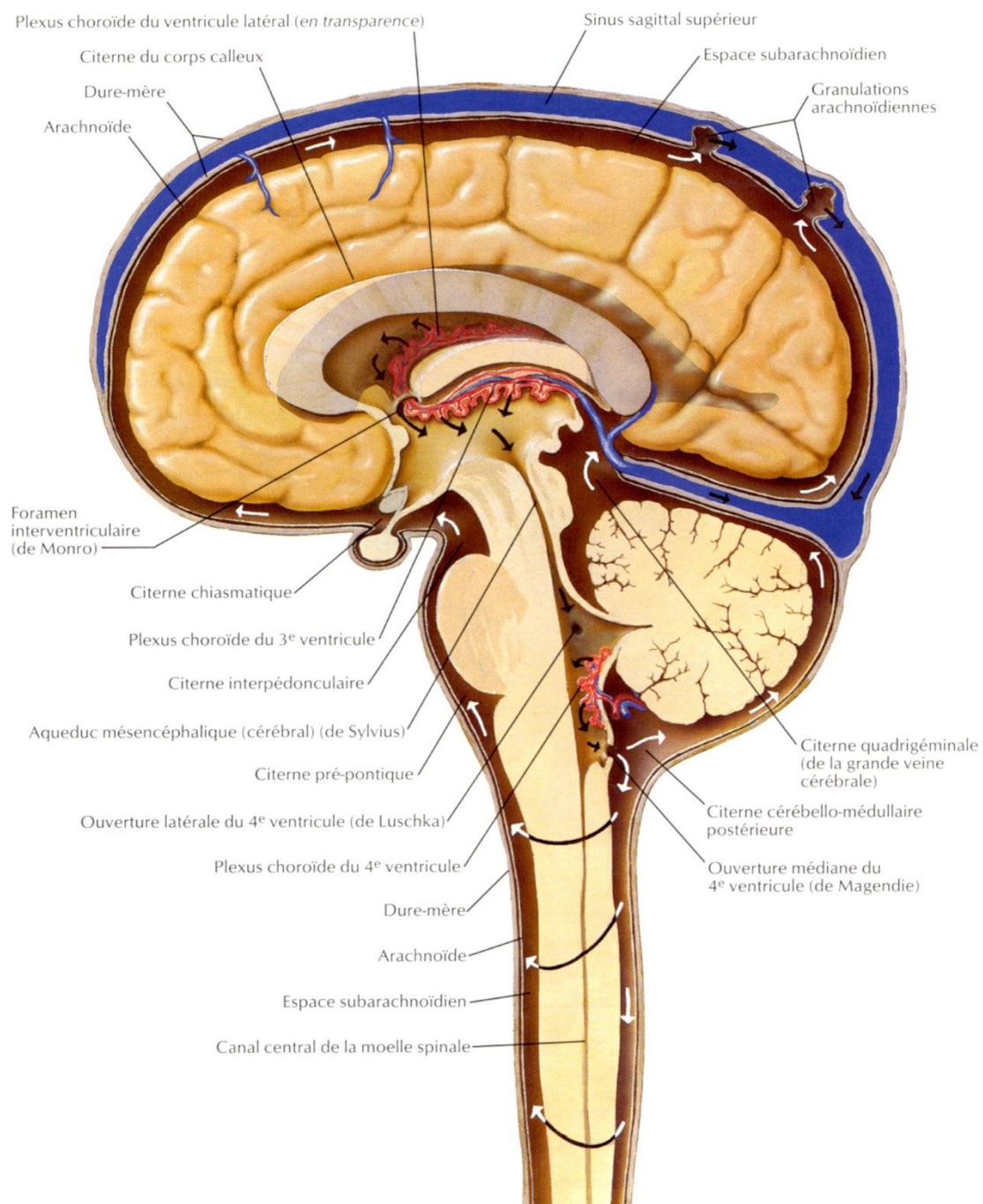


**Tronc cérébral sectionné**

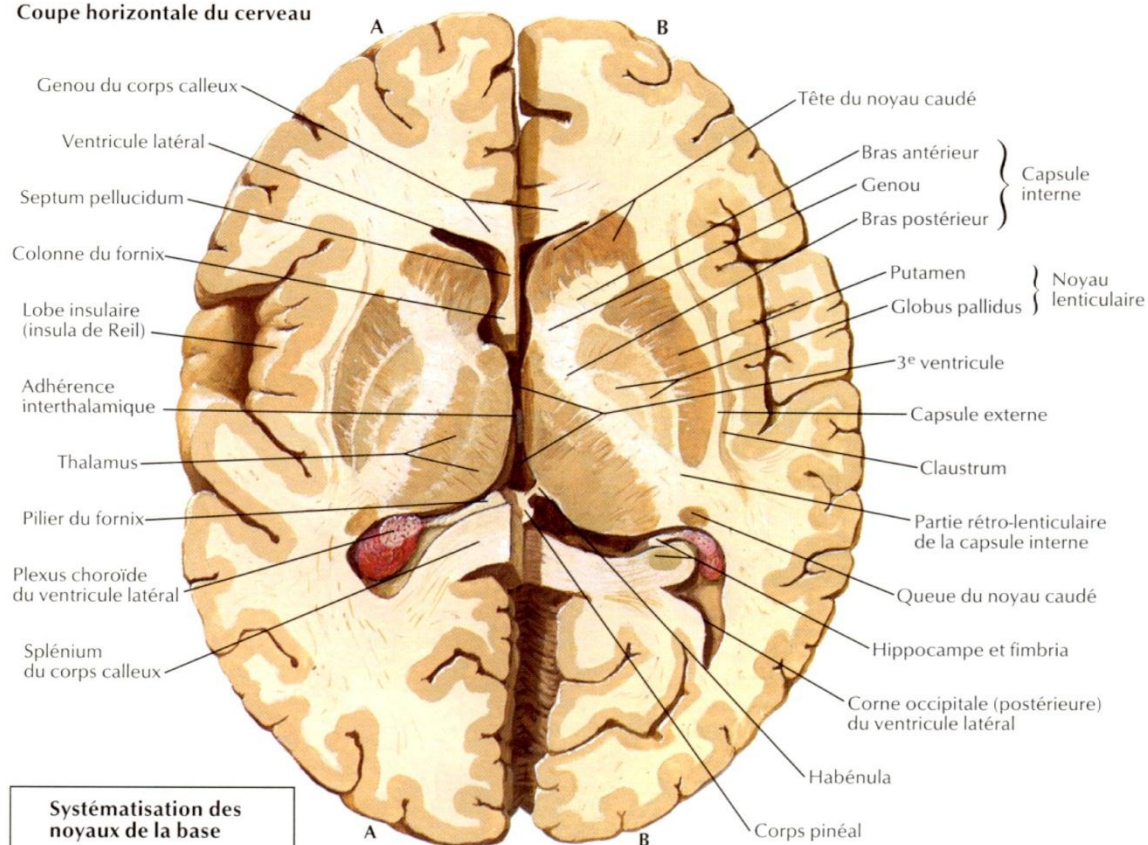


**Coupe frontale du cerveau : vue postérieure**

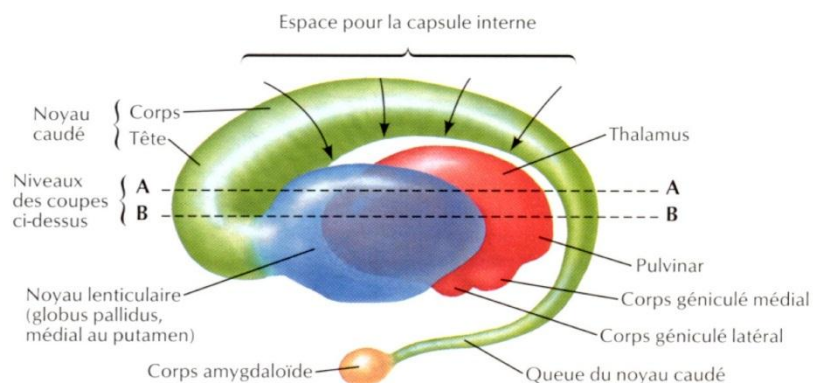
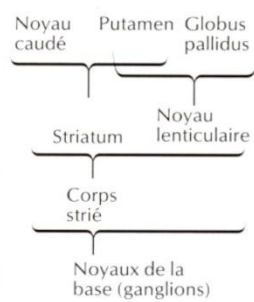




## Coupe horizontale du cerveau

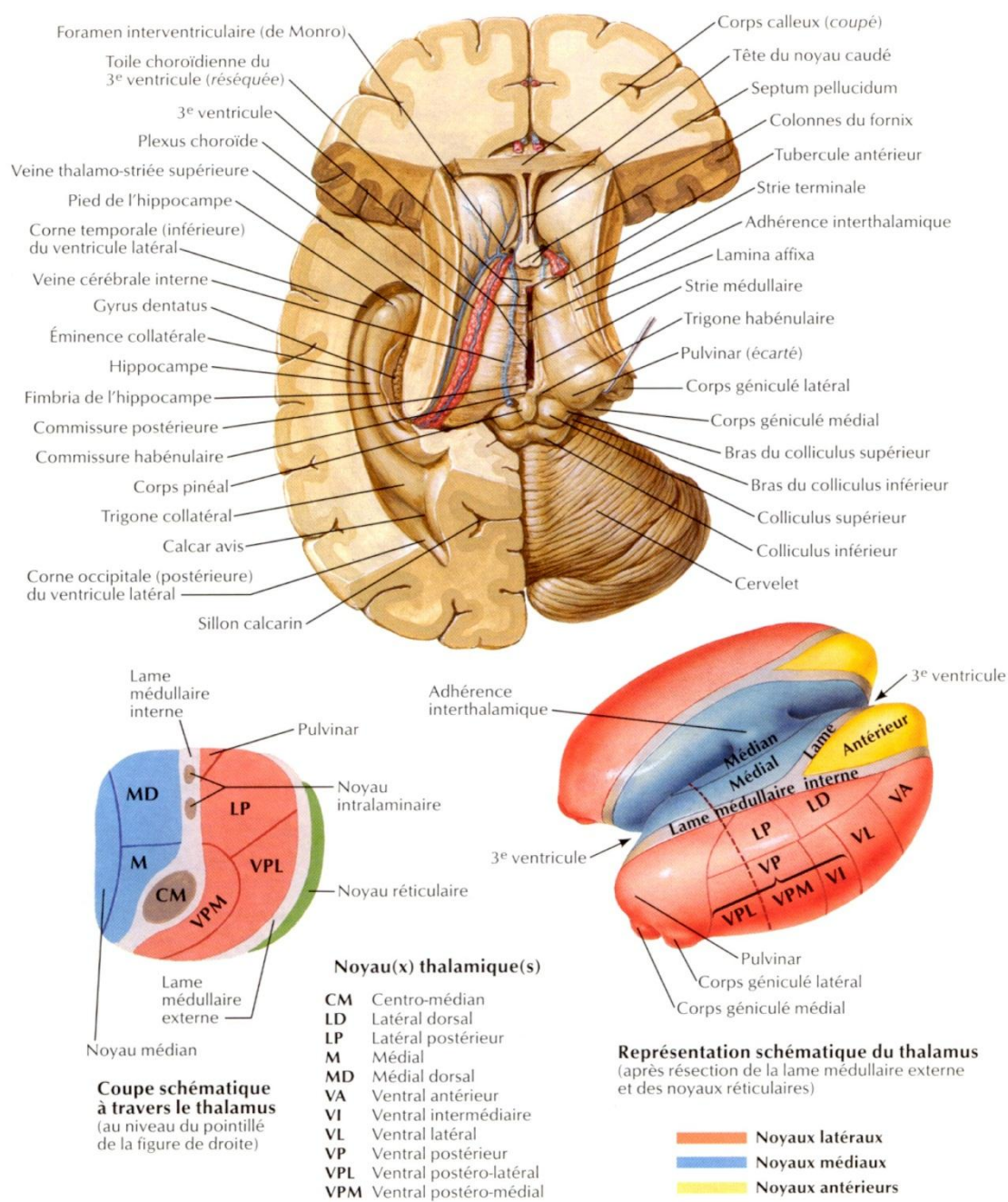


## Systématisation des noyaux de la base

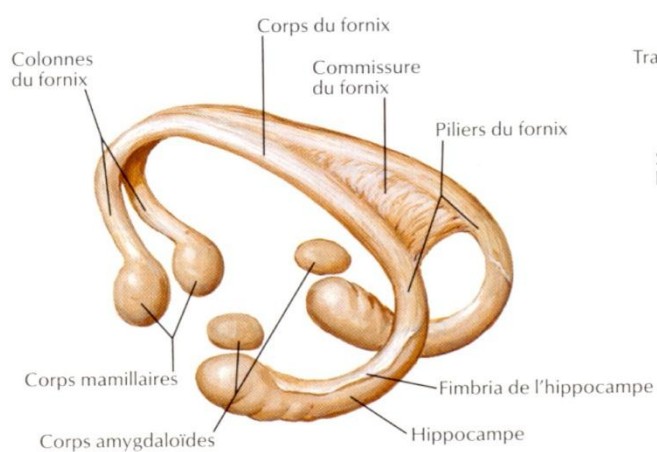
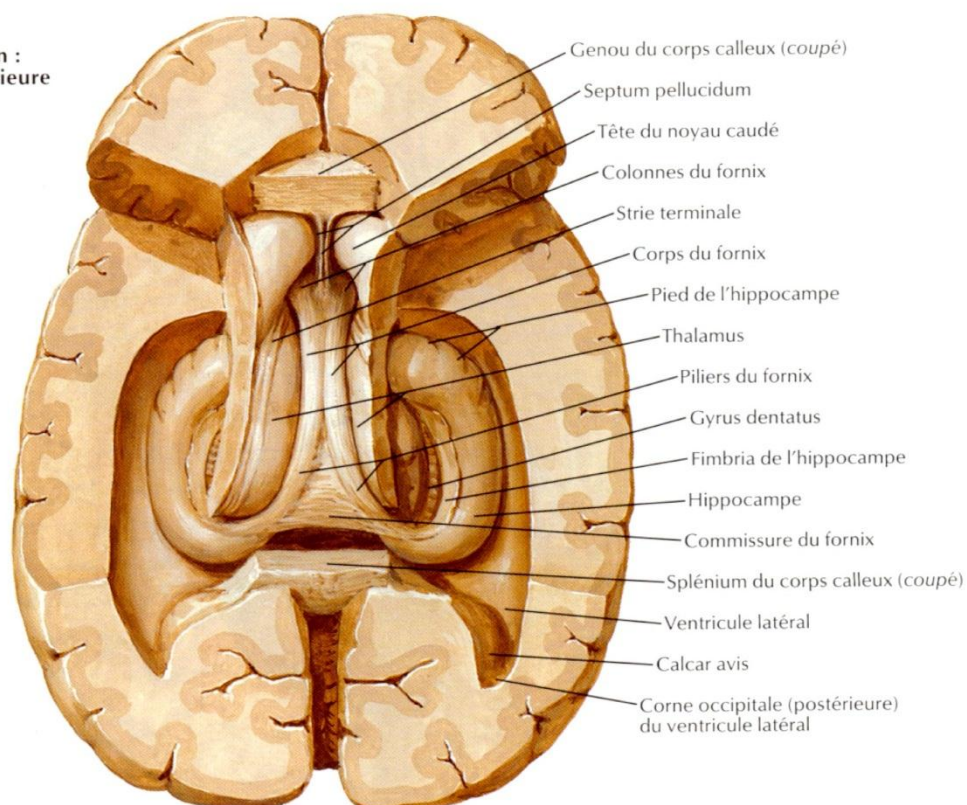


Rapports du thalamus, du noyau lenticulaire, du noyau caudé et du corps amygdaloïde (schéma) : vue latérale gauche

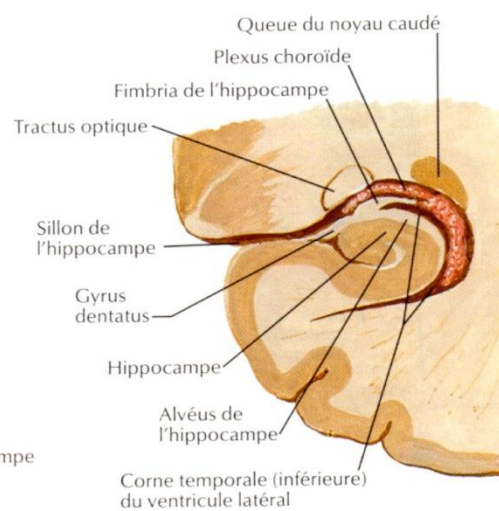




**Dissection :  
vue supérieure**

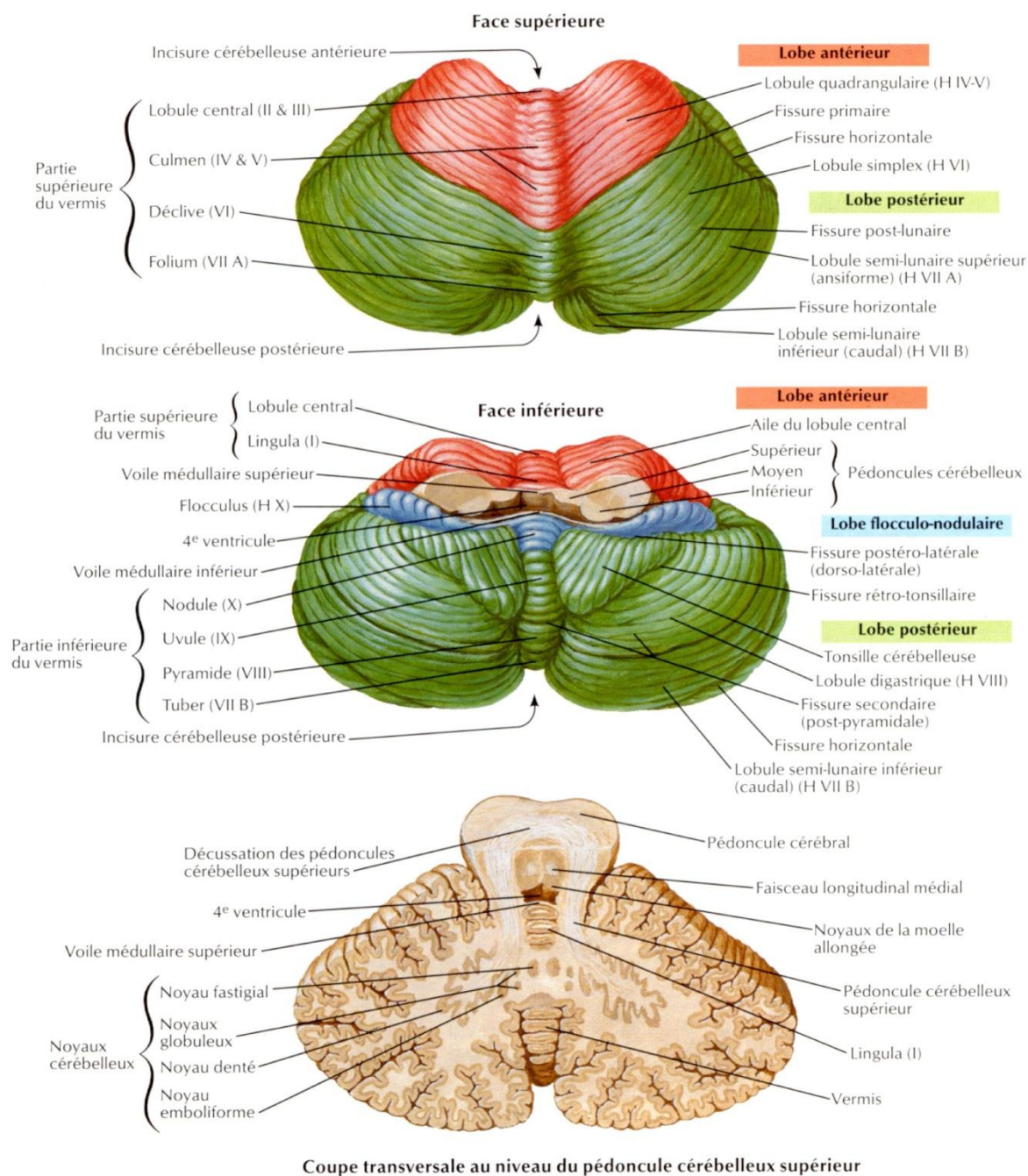


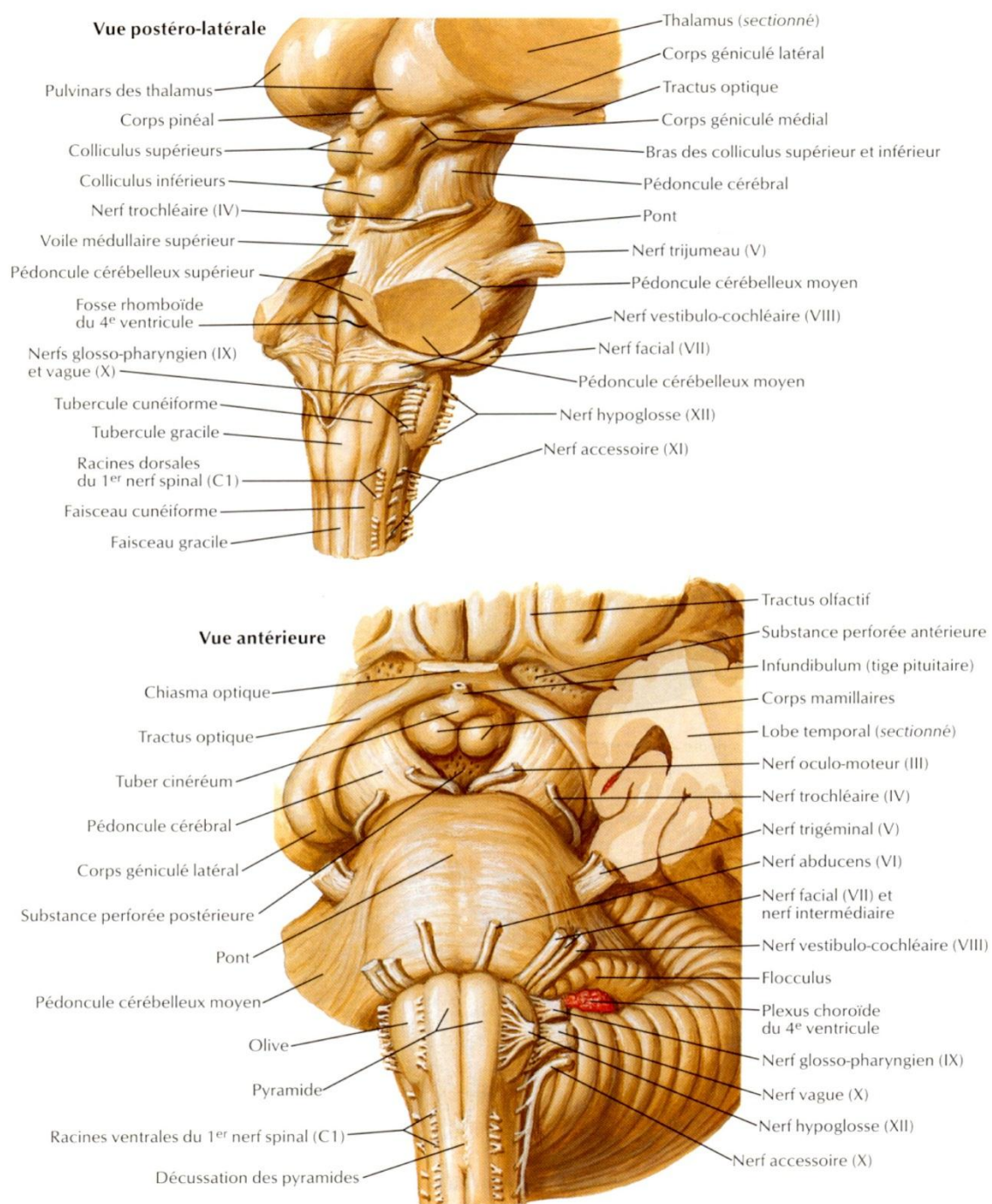
**Fornix : schéma**



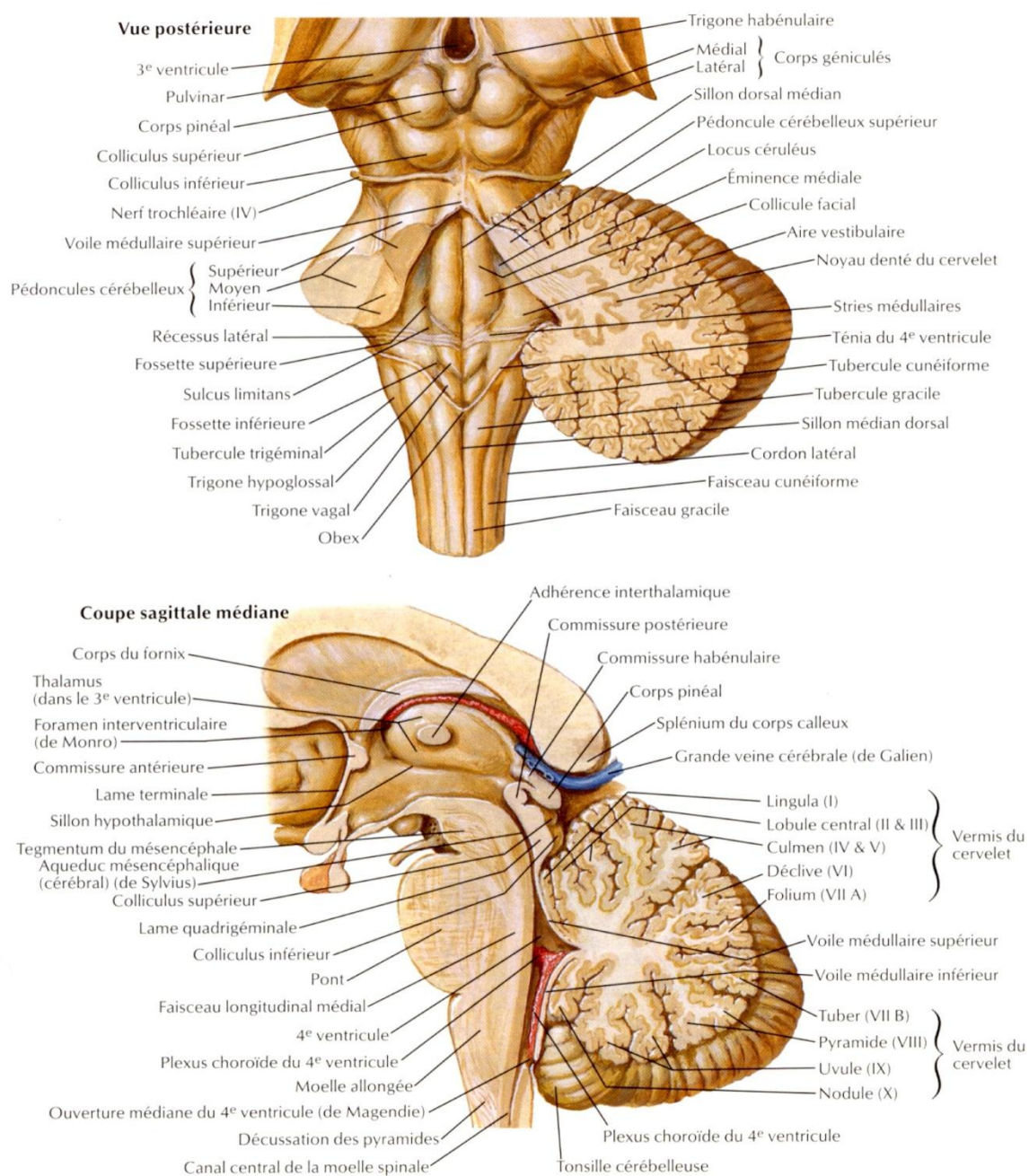
**Coupe frontale : vue postérieure**



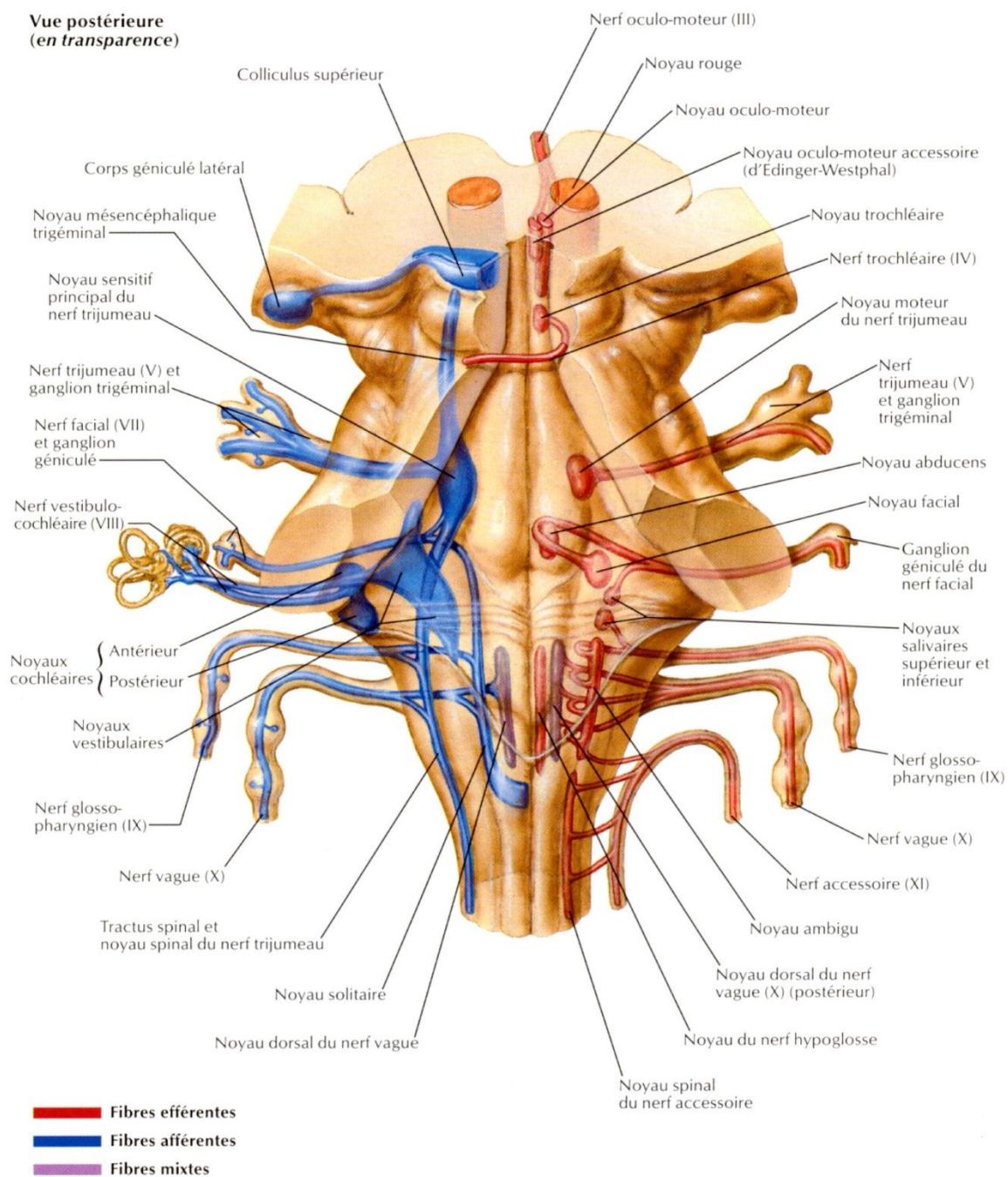






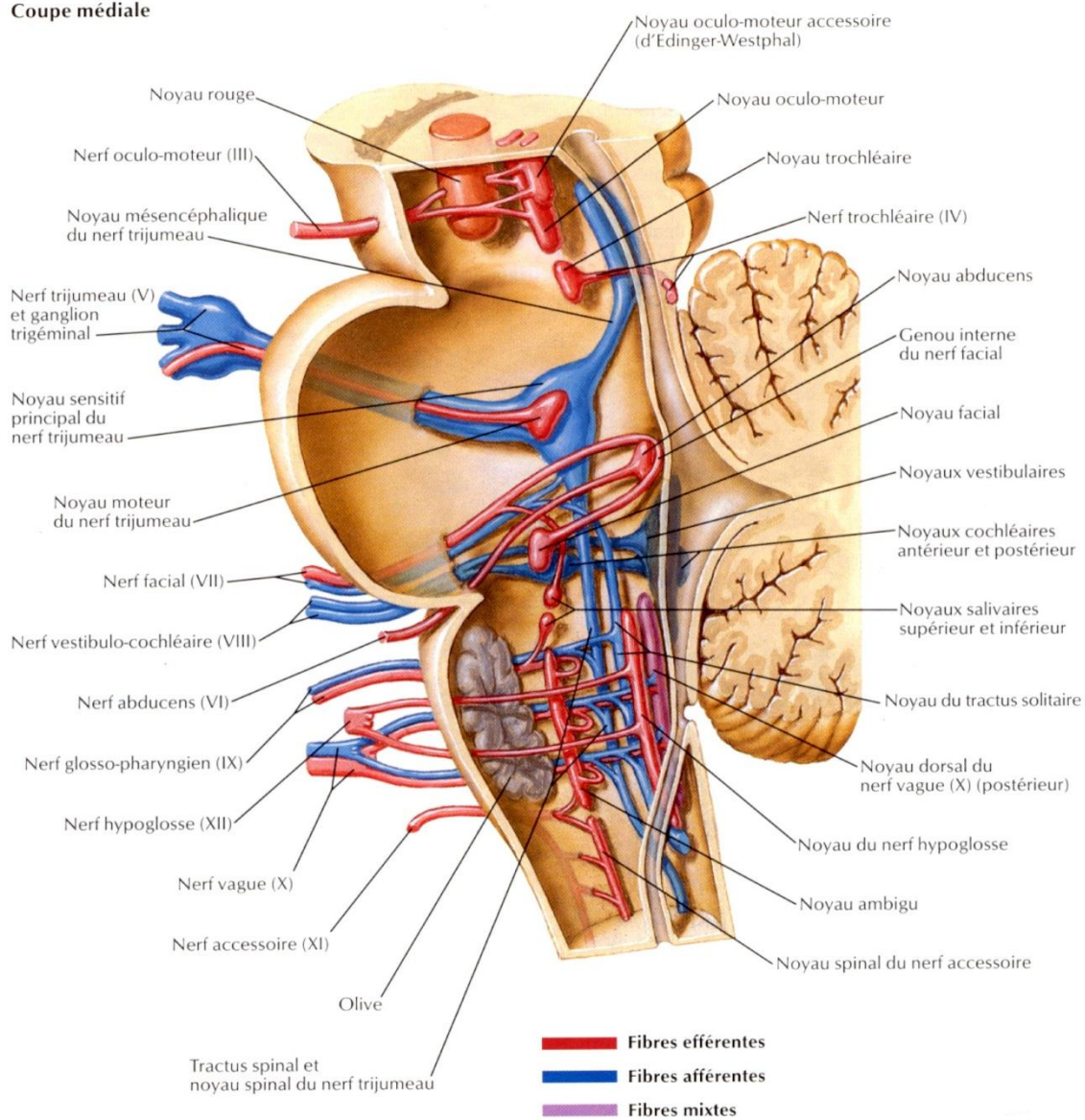


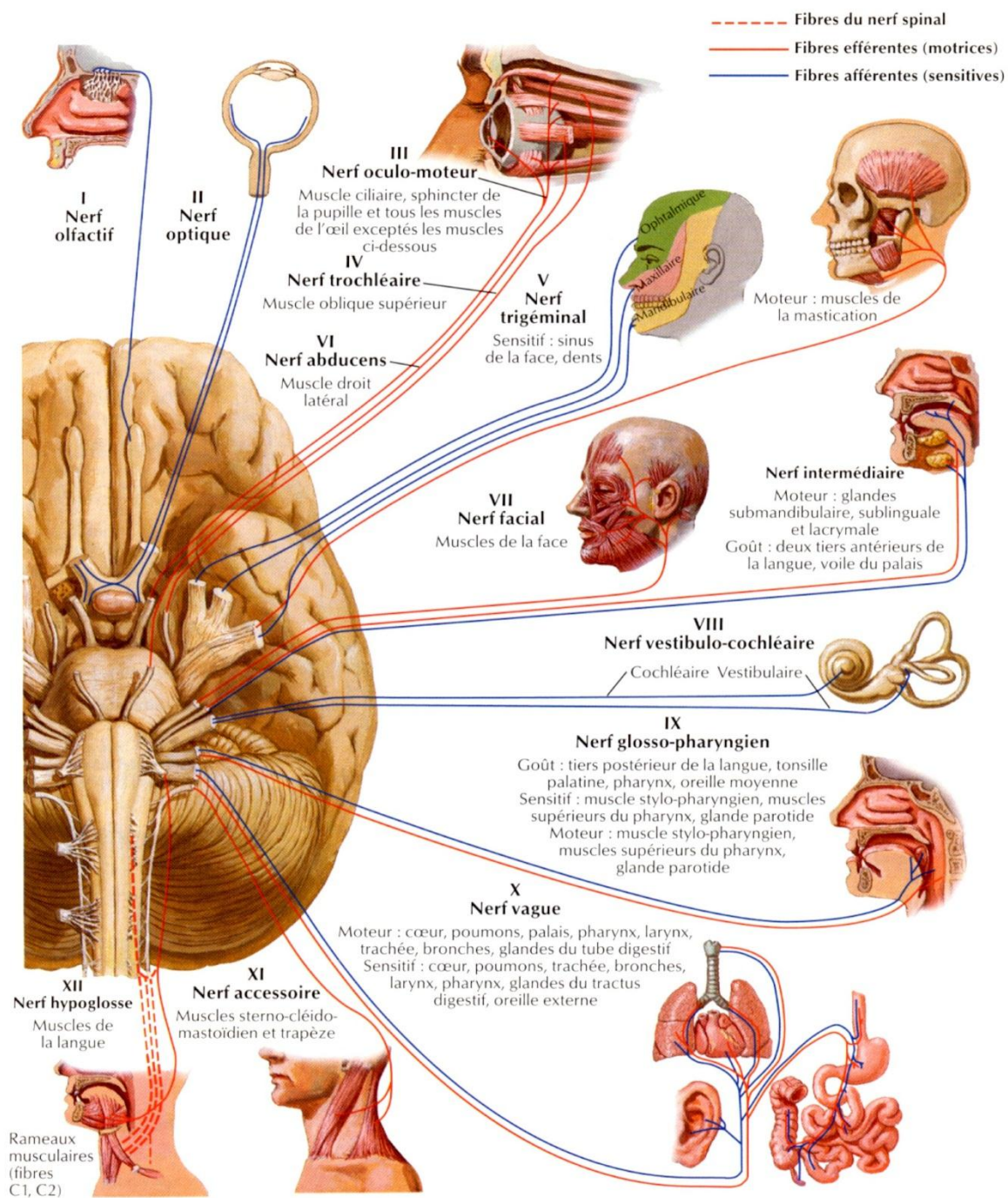
## k. Nerfs crâniens cervicaux



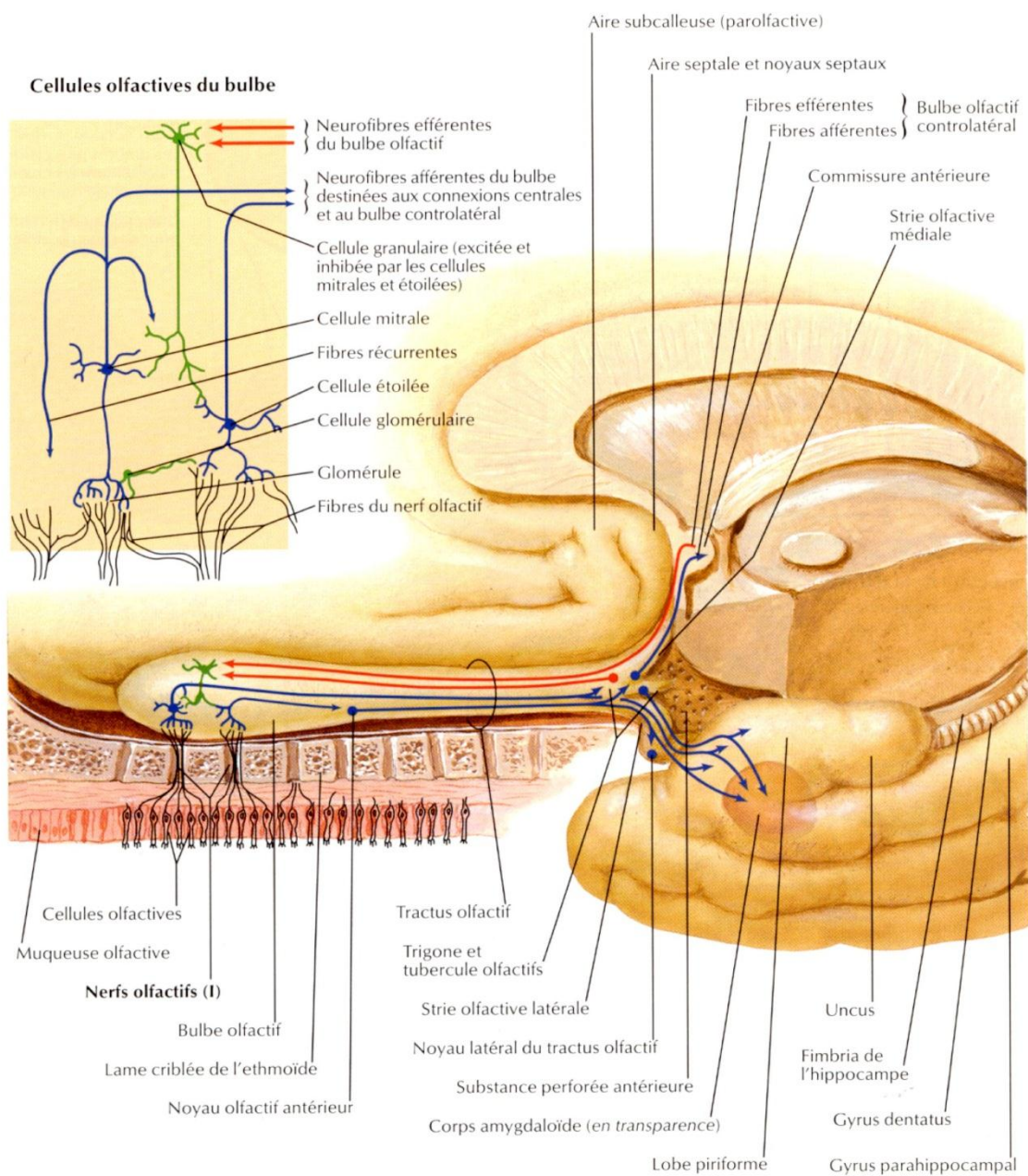


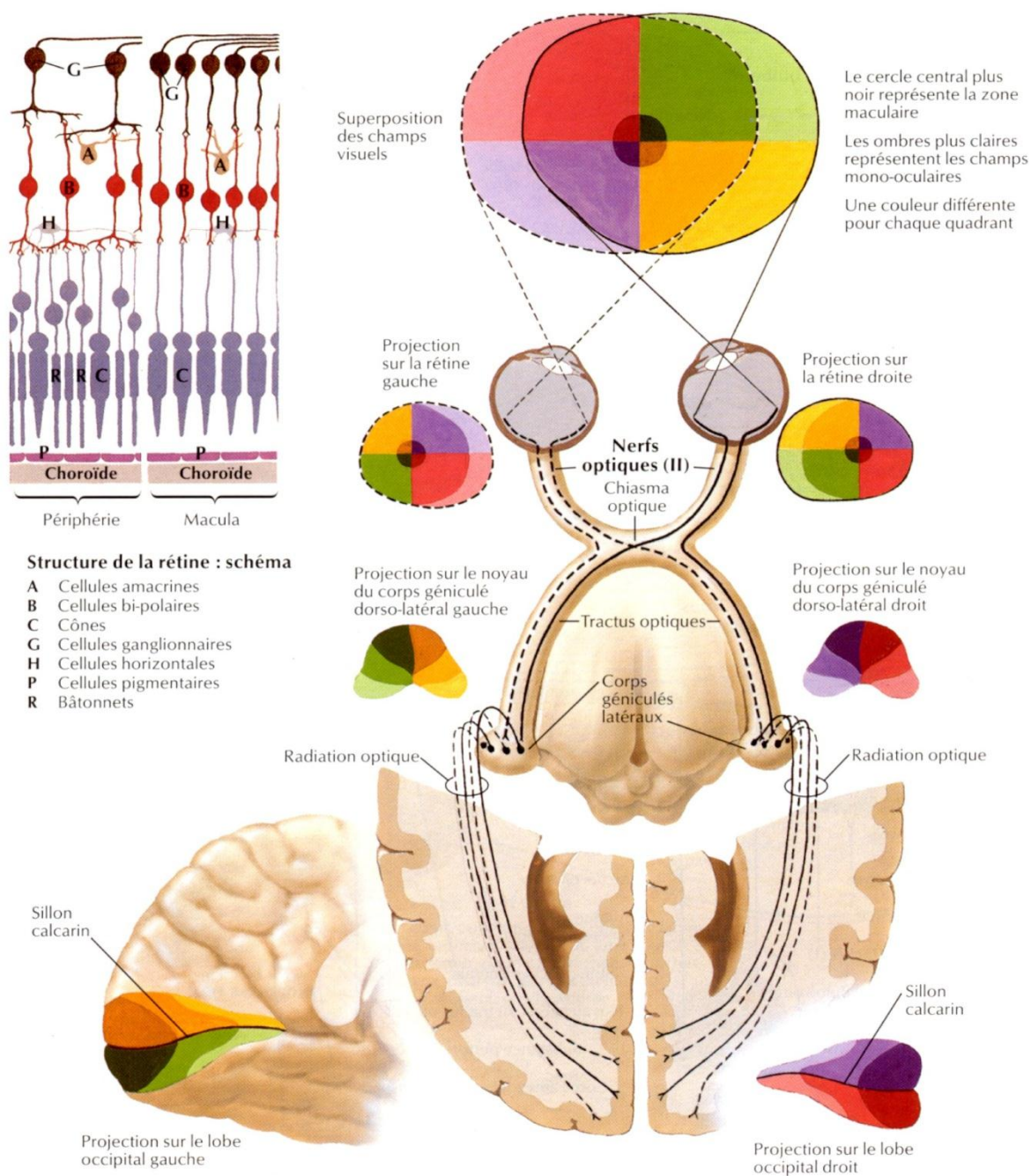
## Coupe médiale



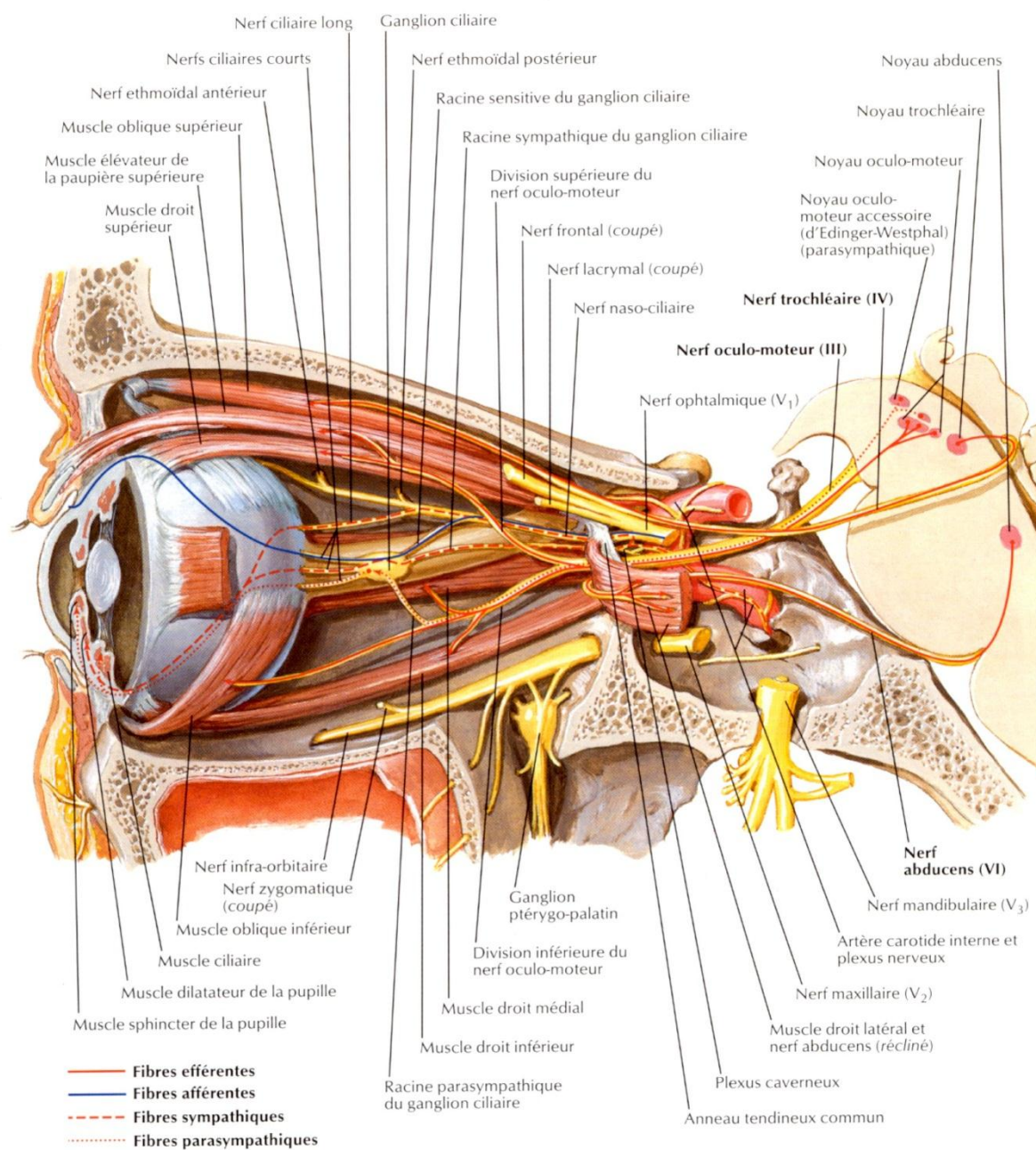


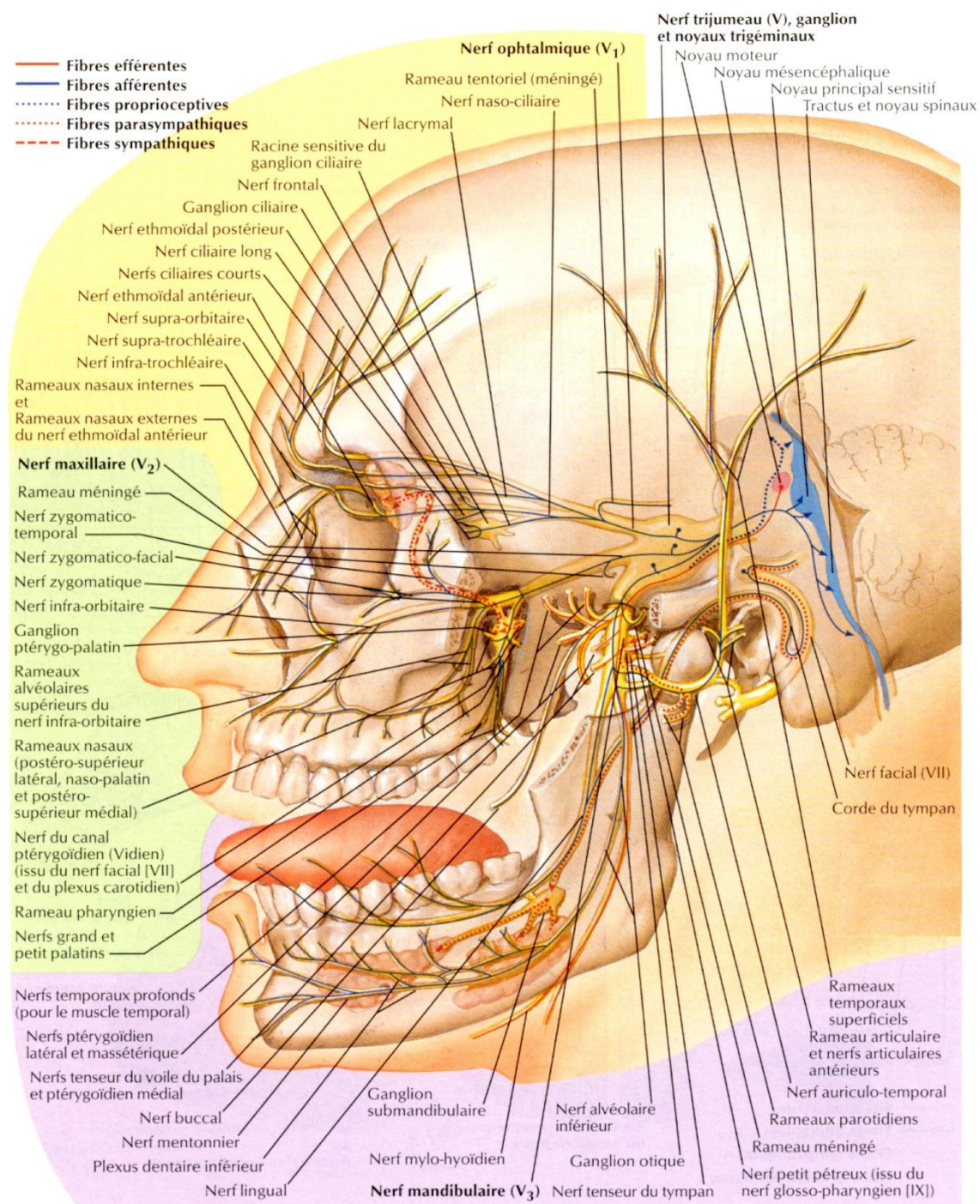




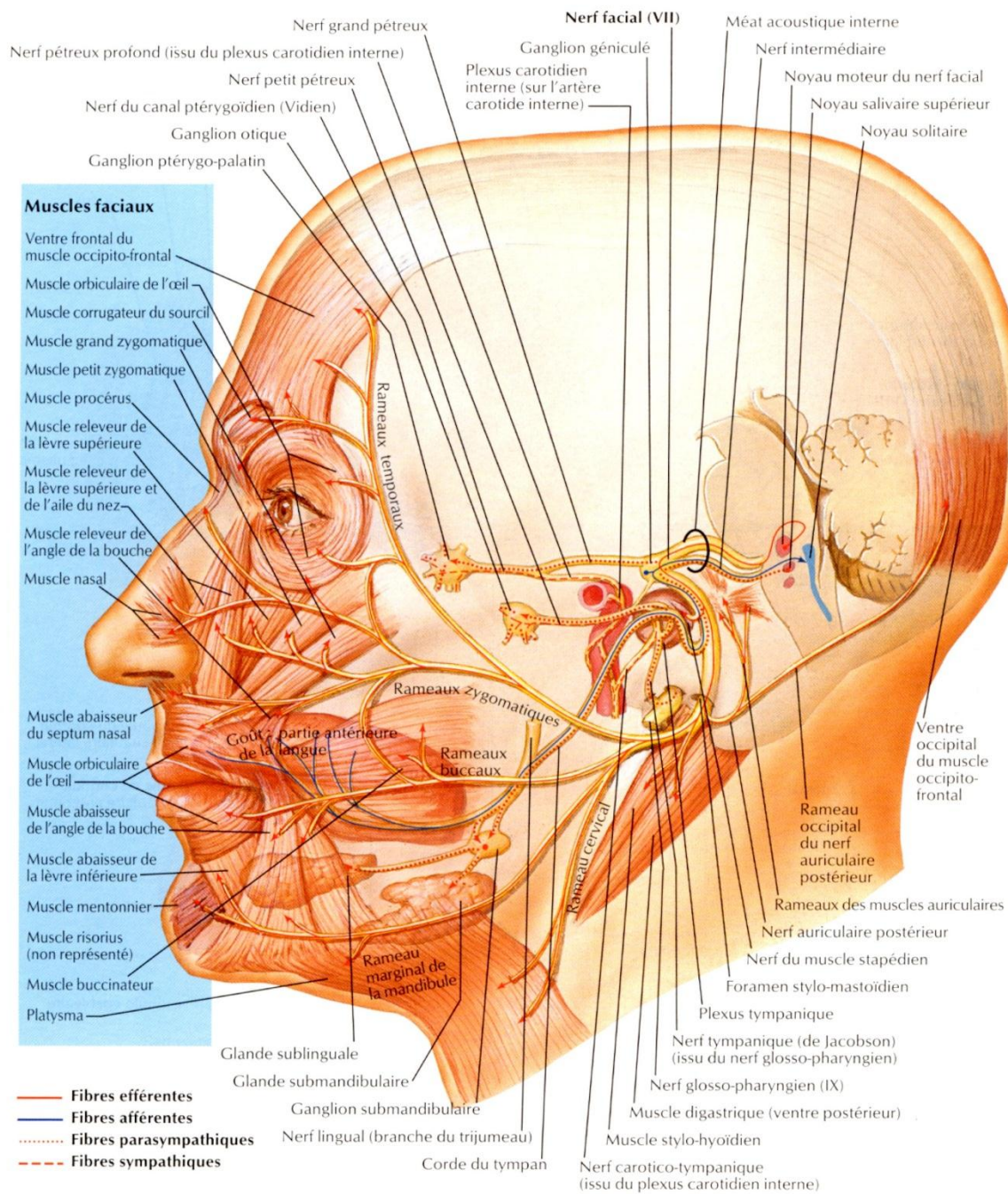


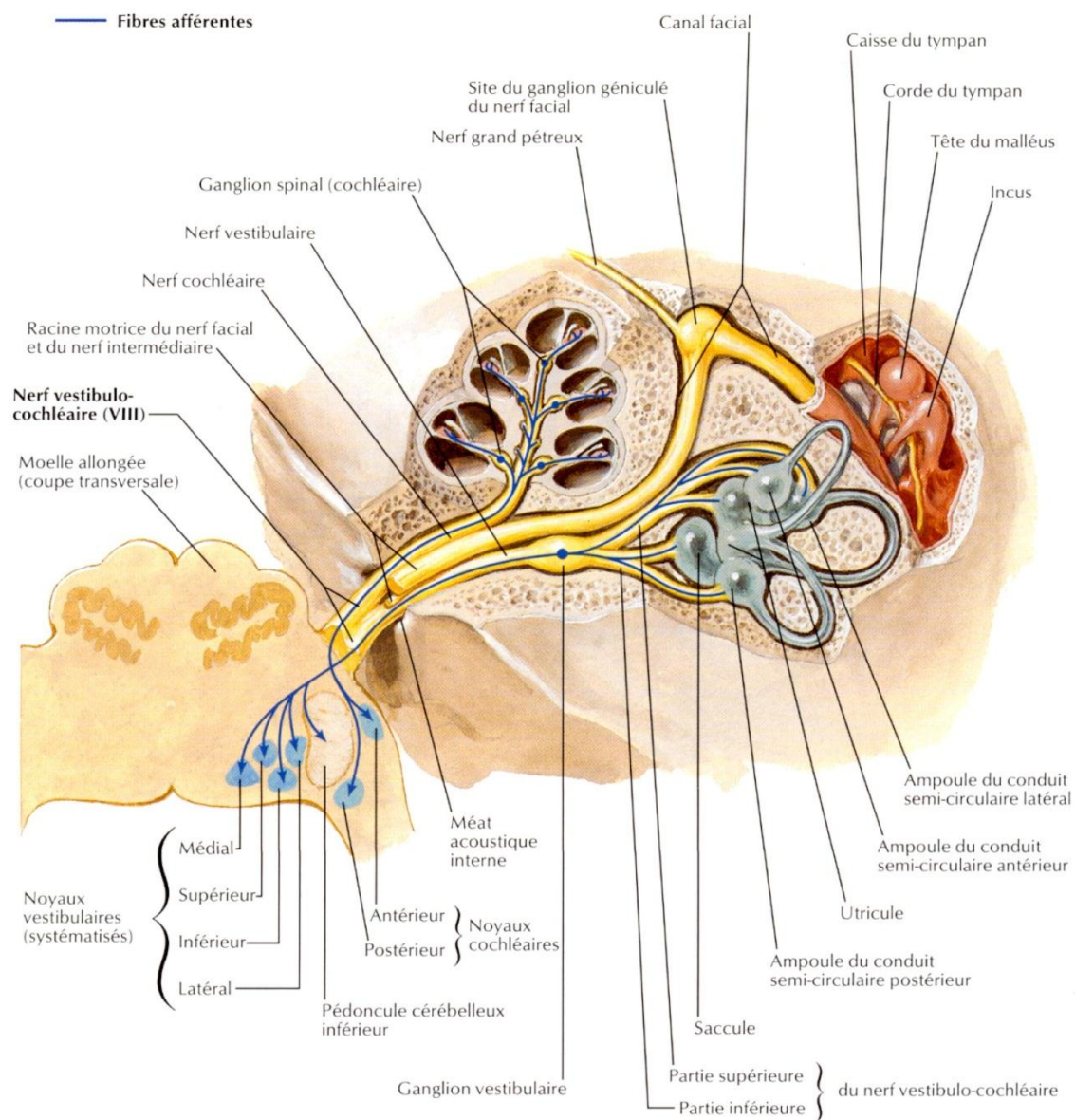




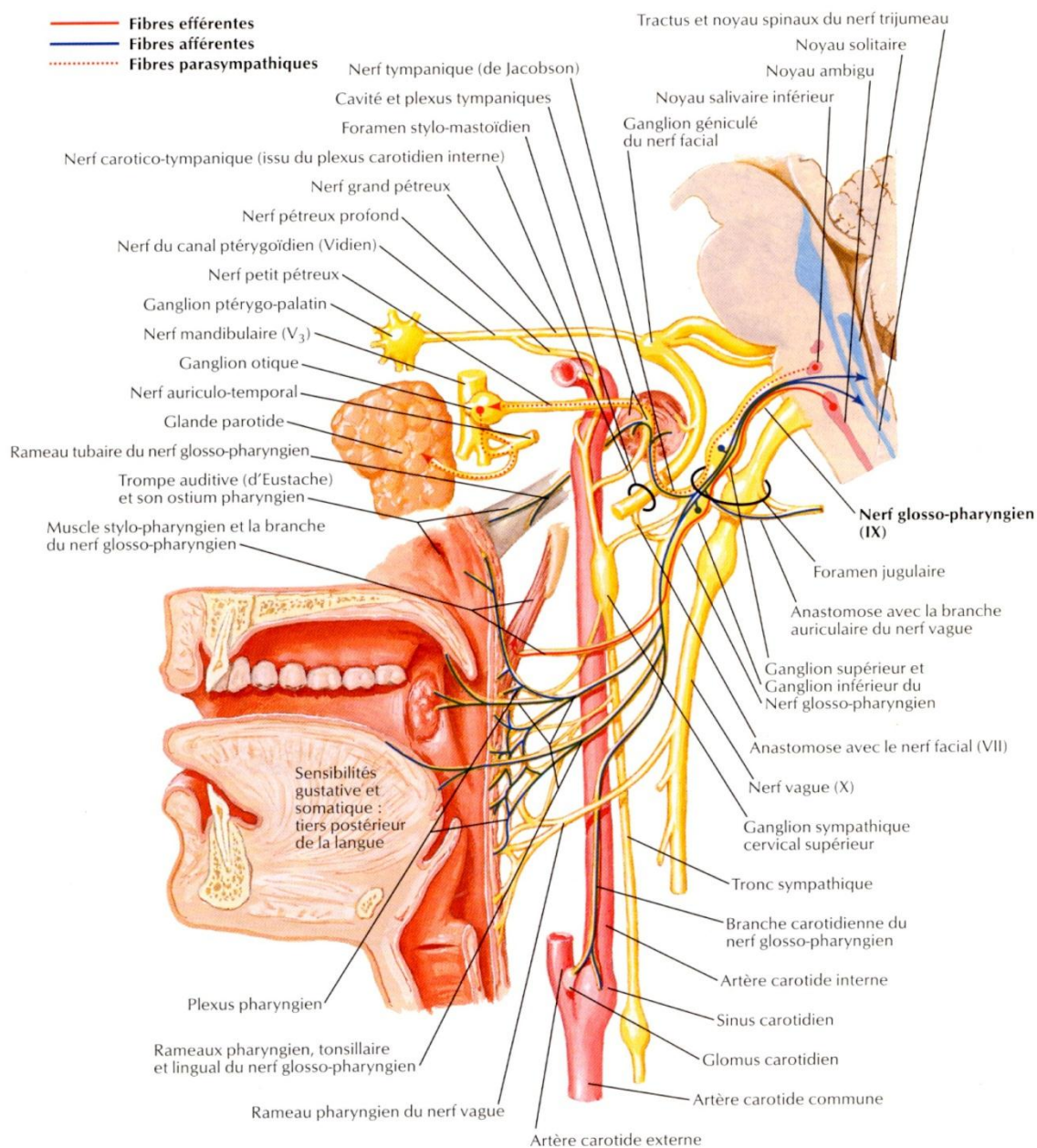




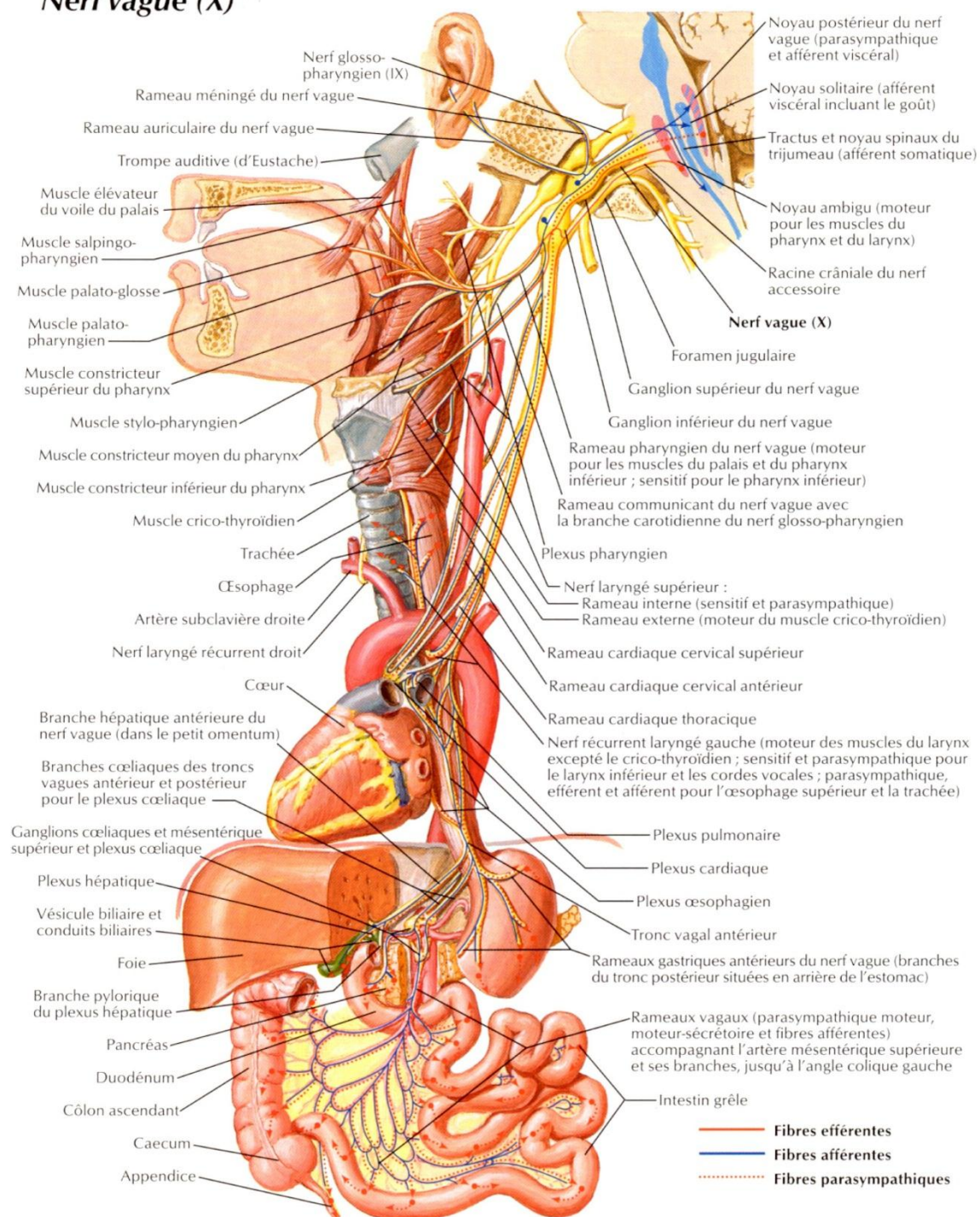




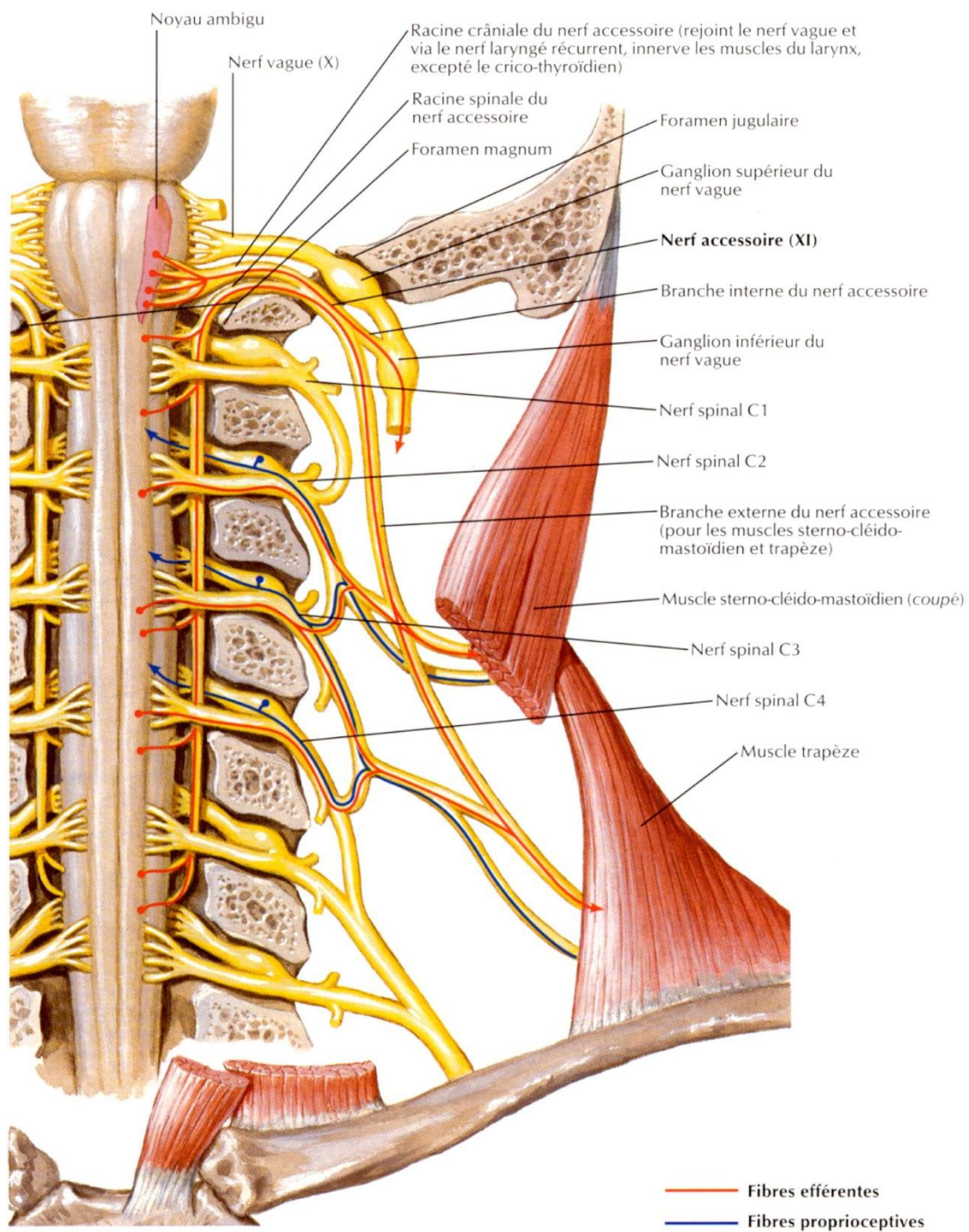


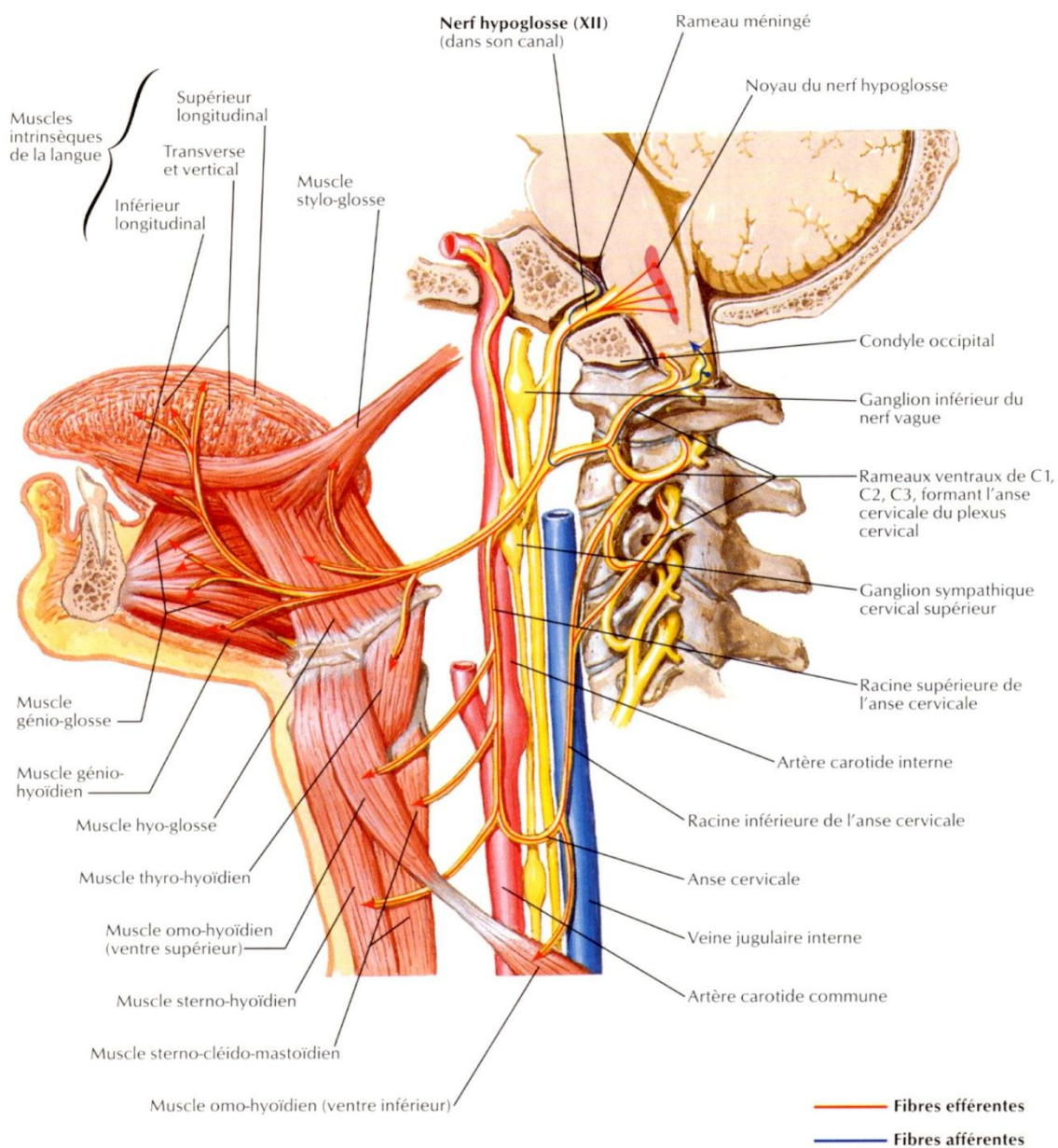


## Nerf vague (X)

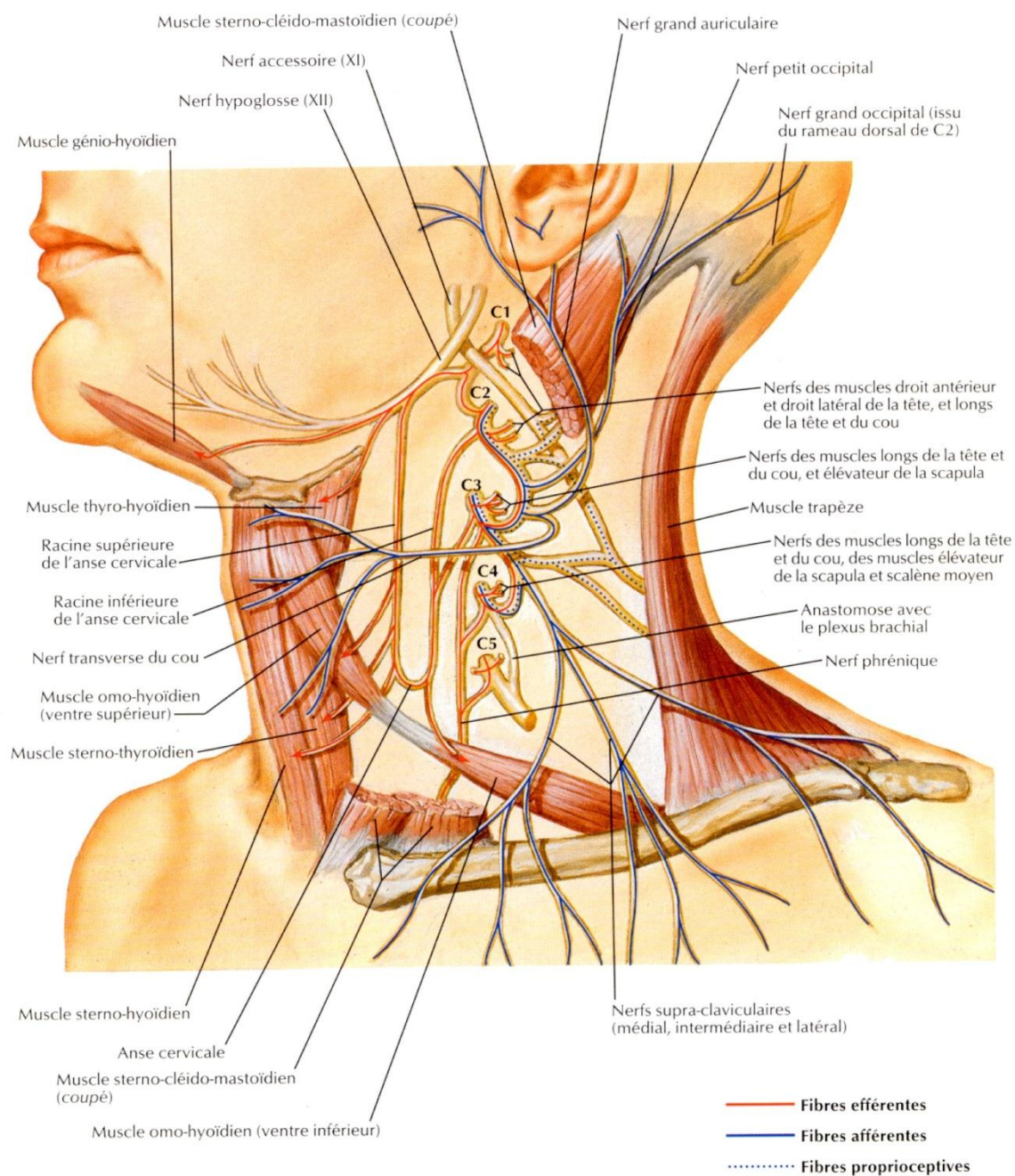


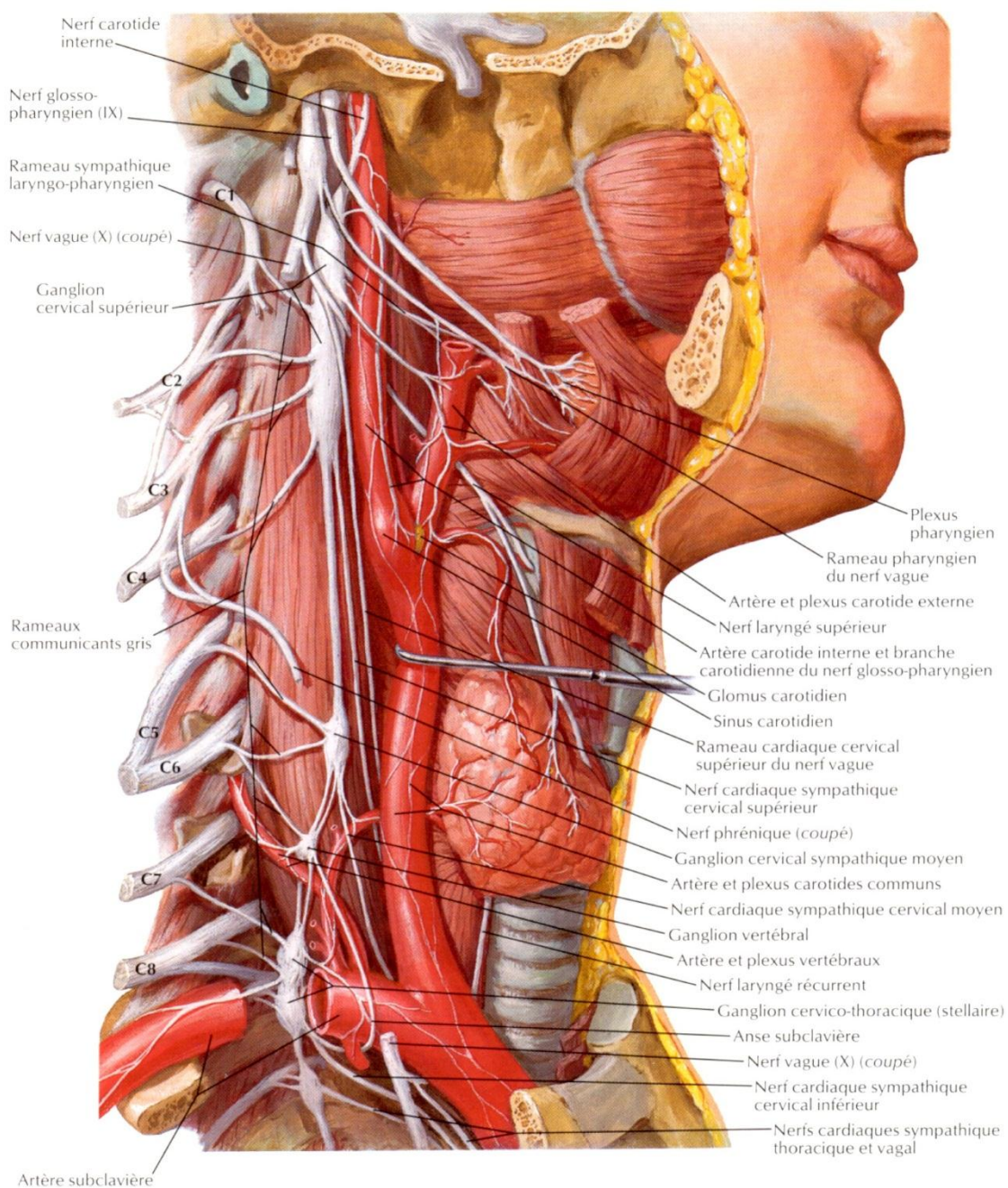




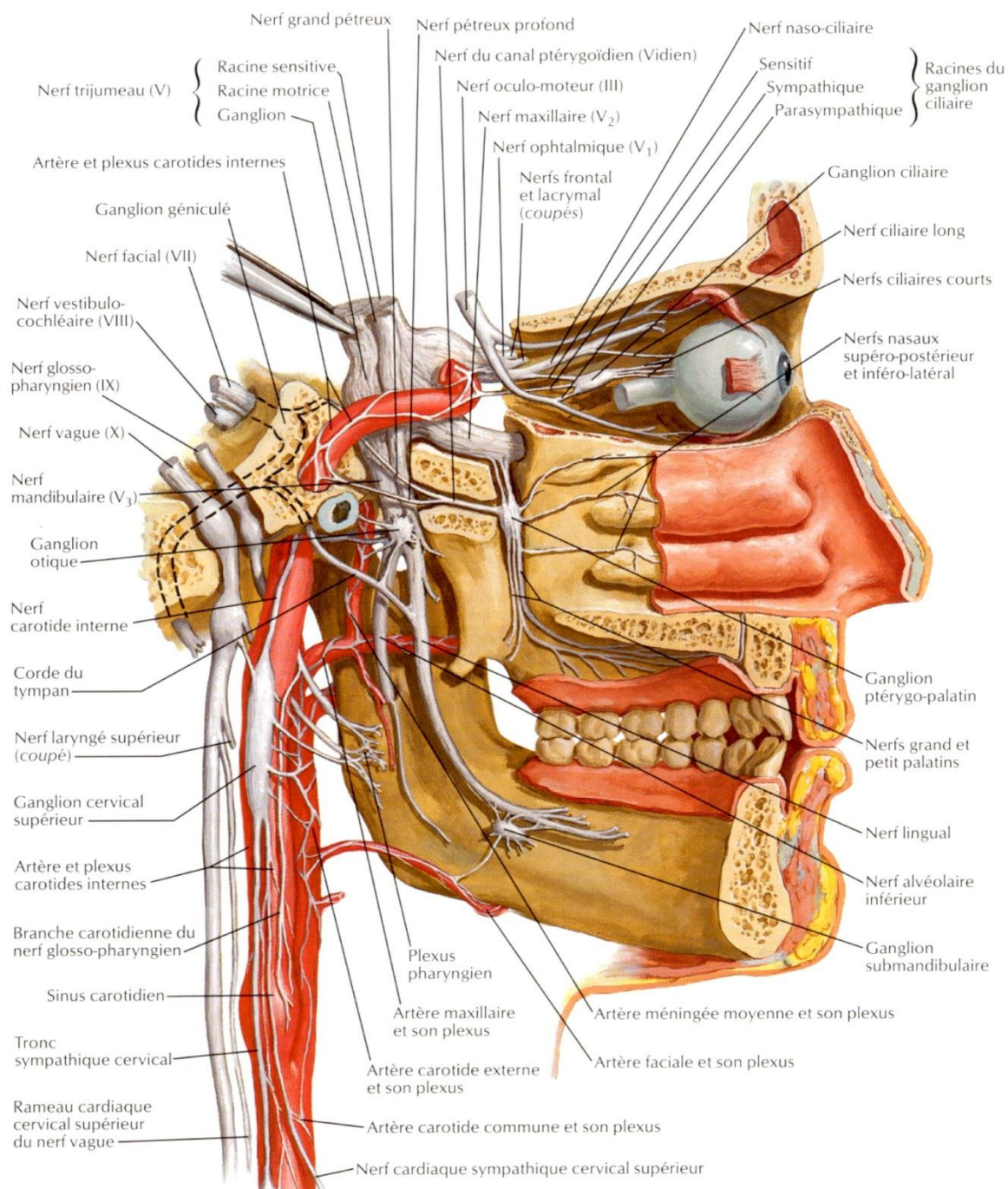






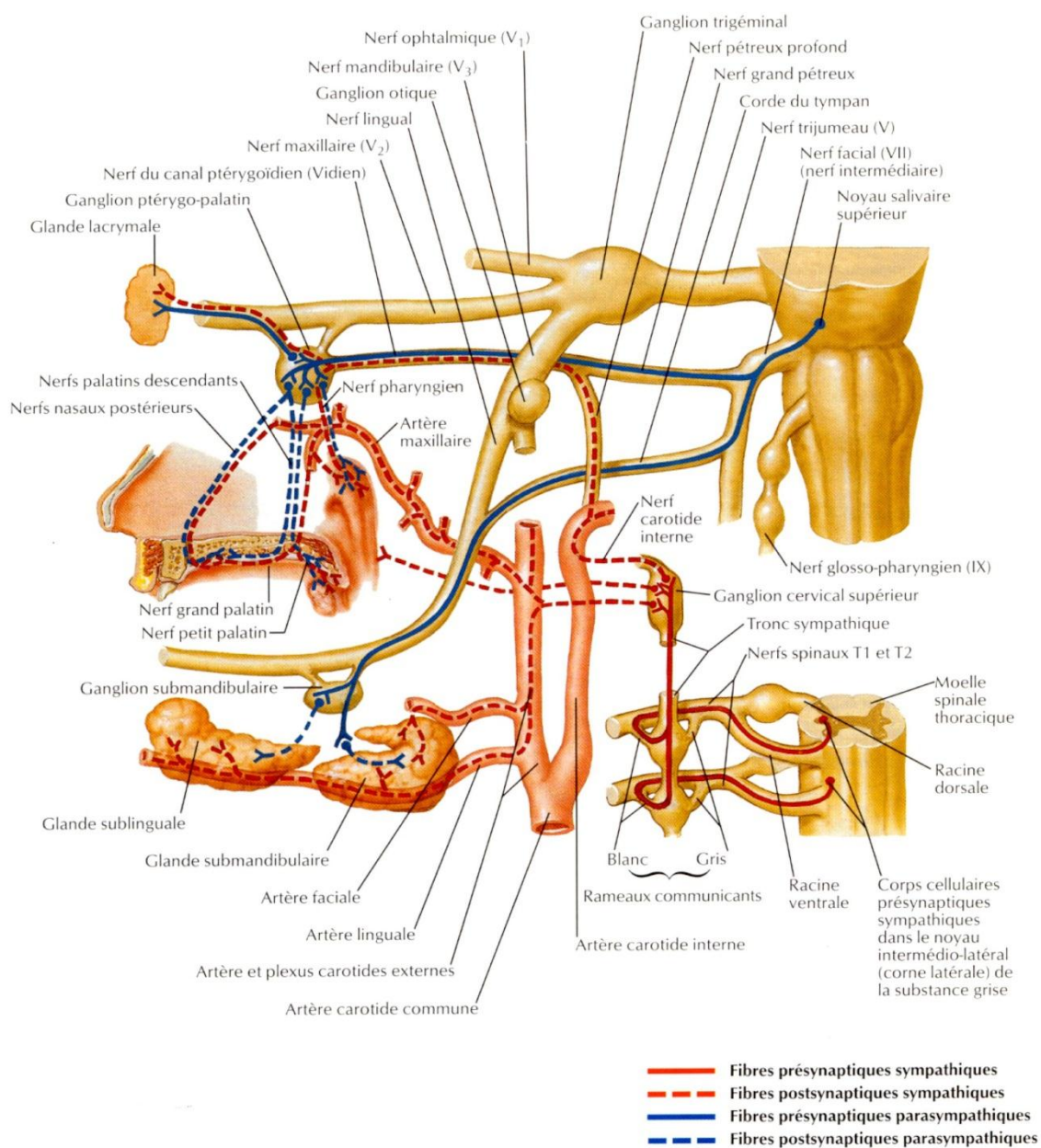


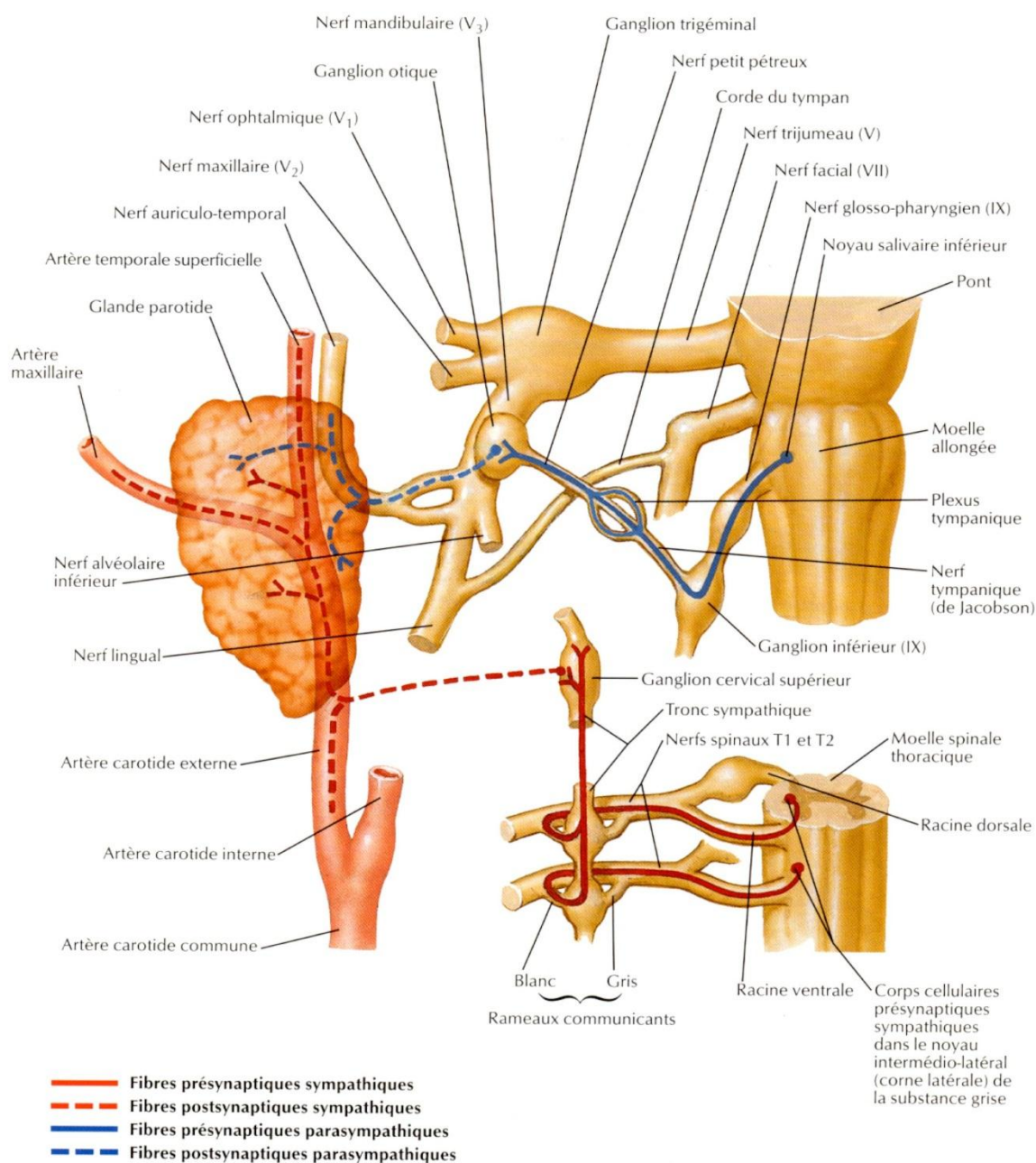




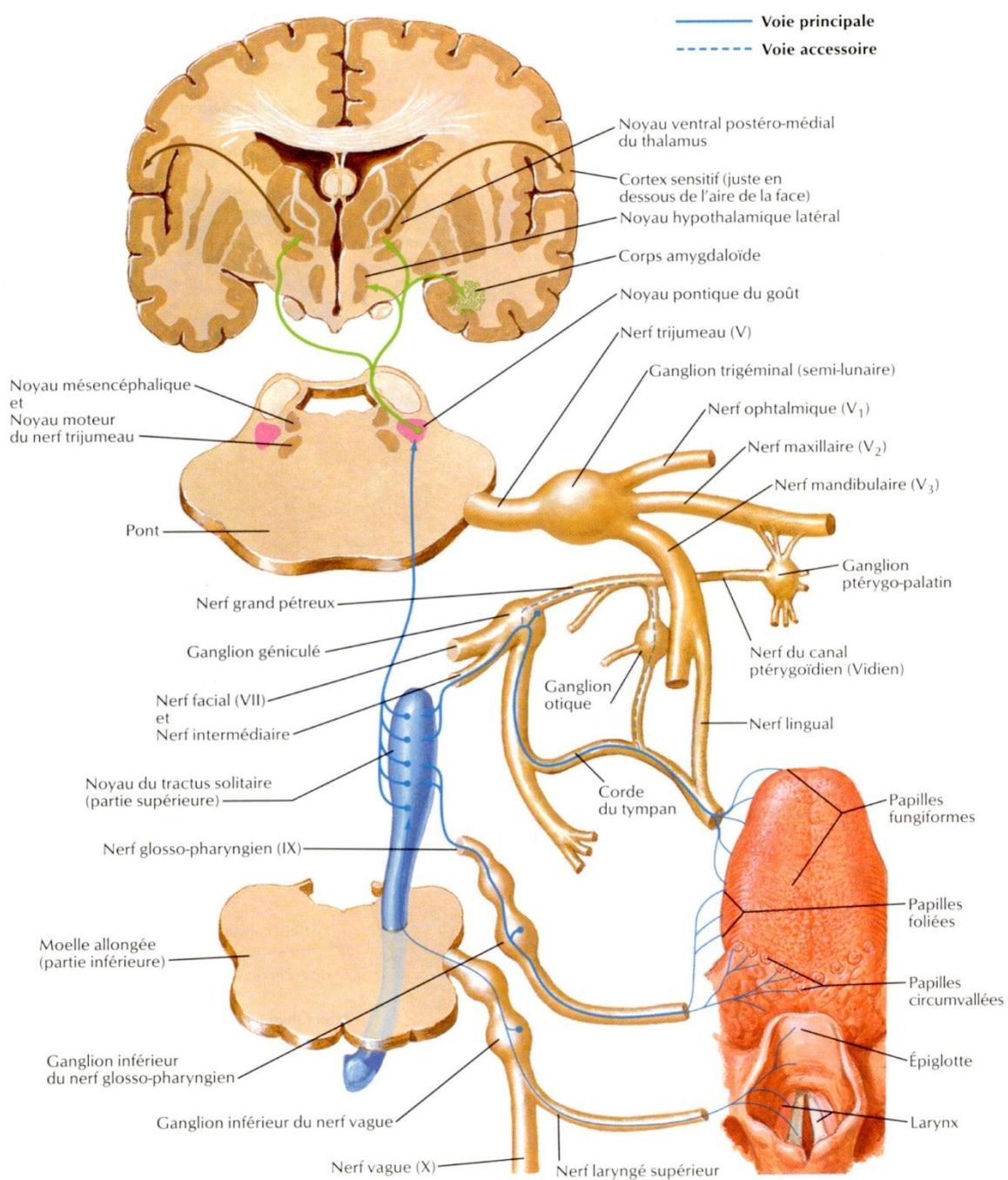




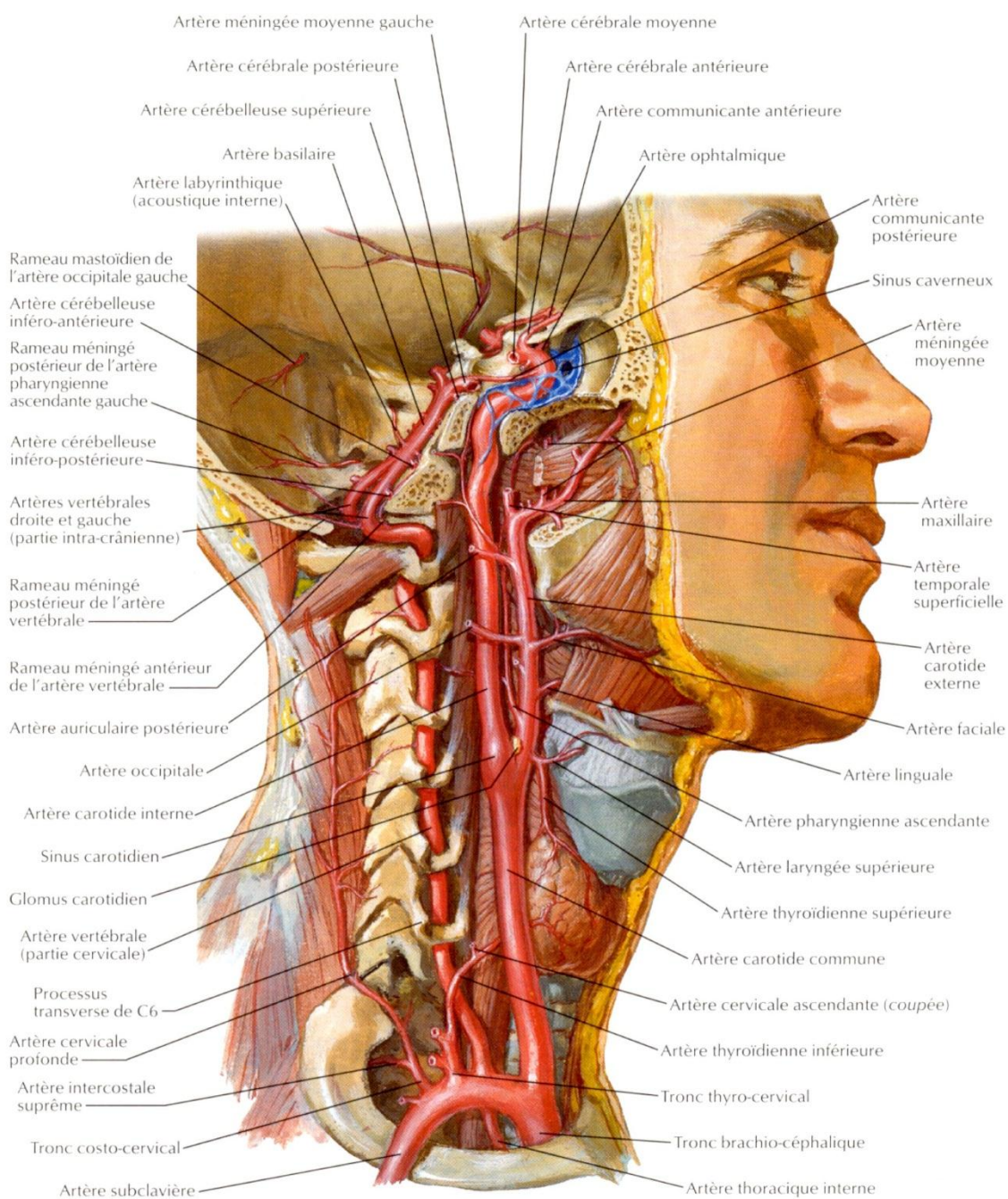




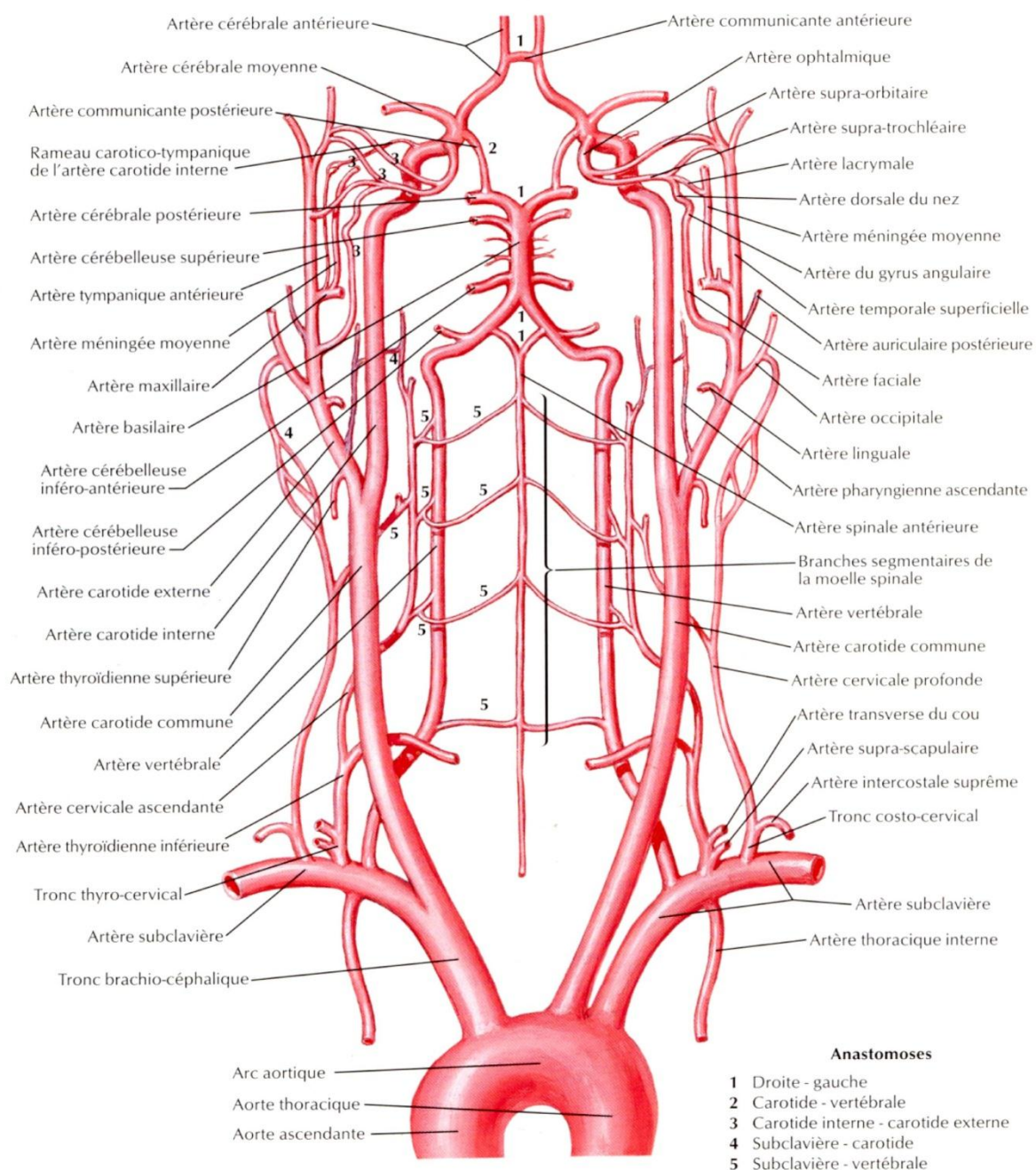


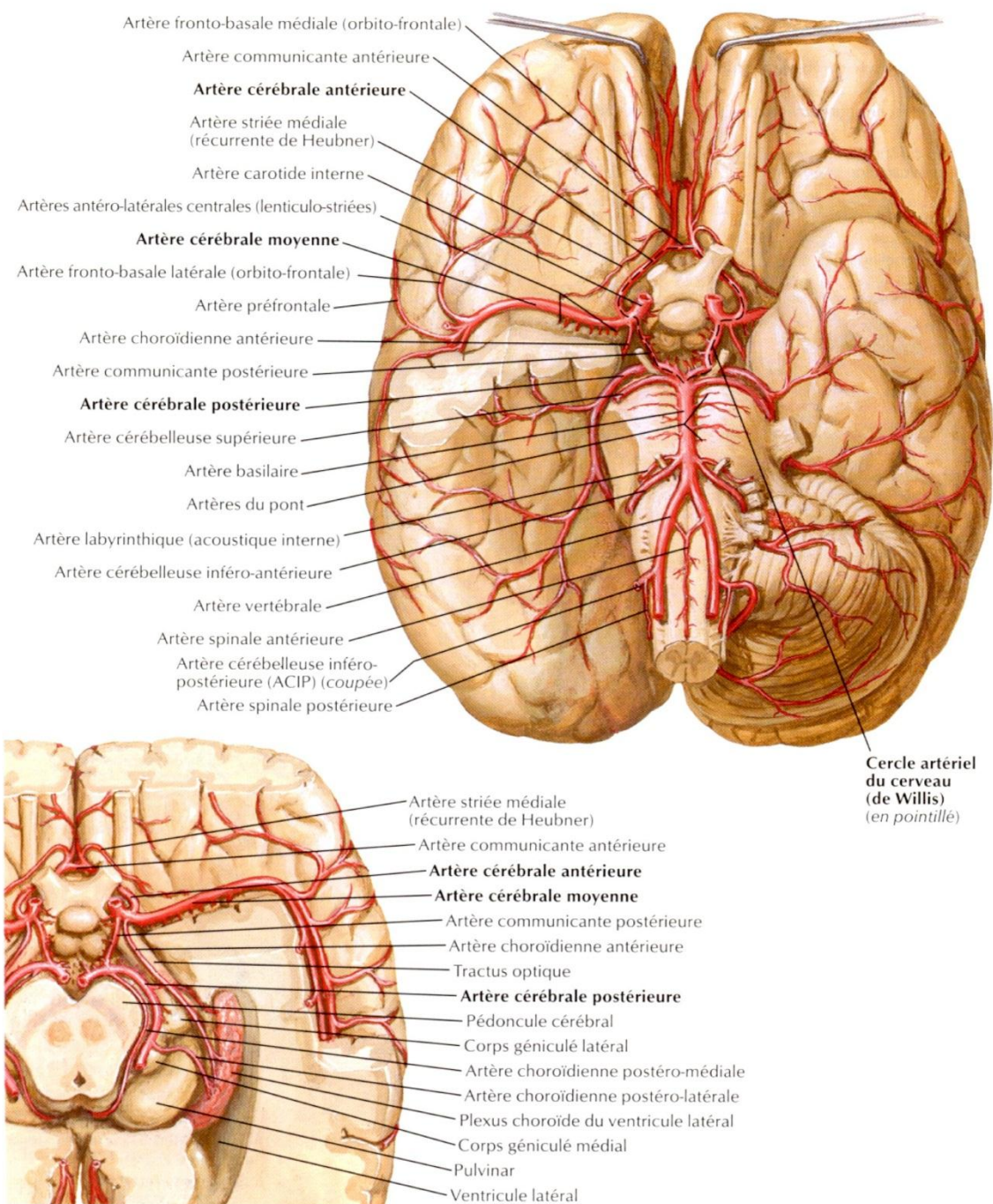


## I. Vascularisation cérébrale



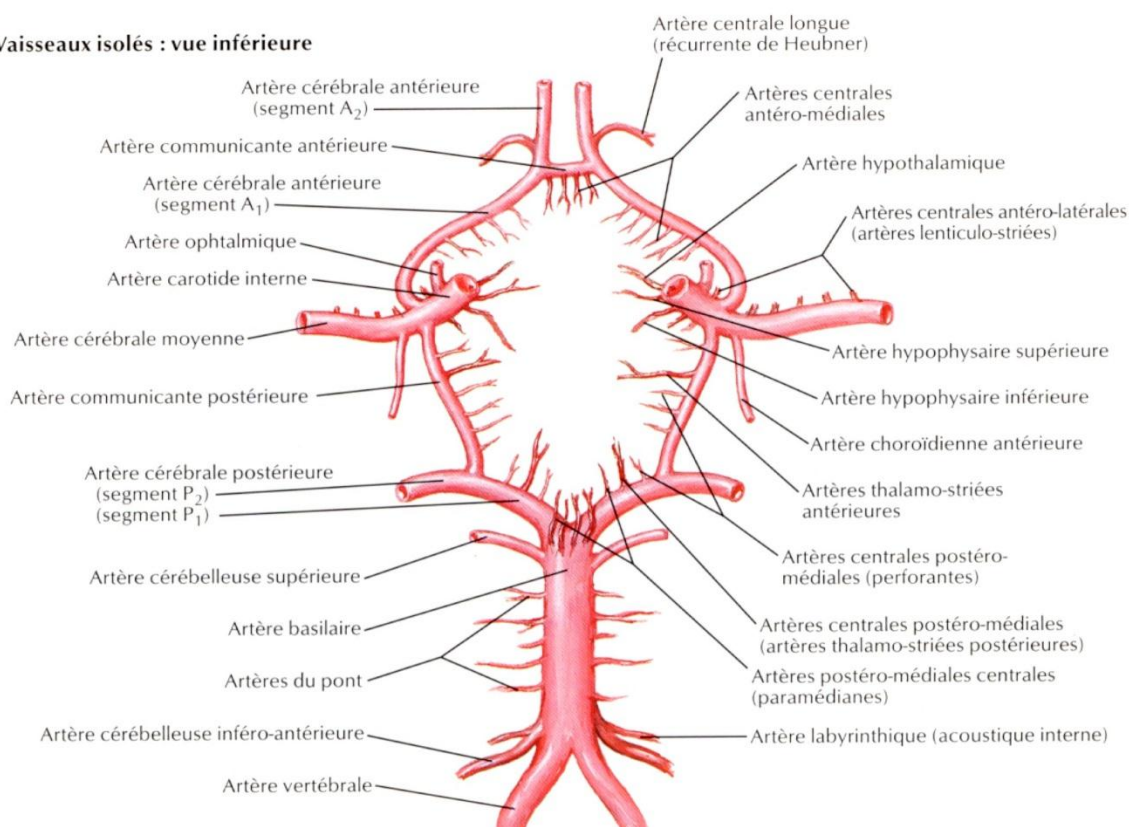




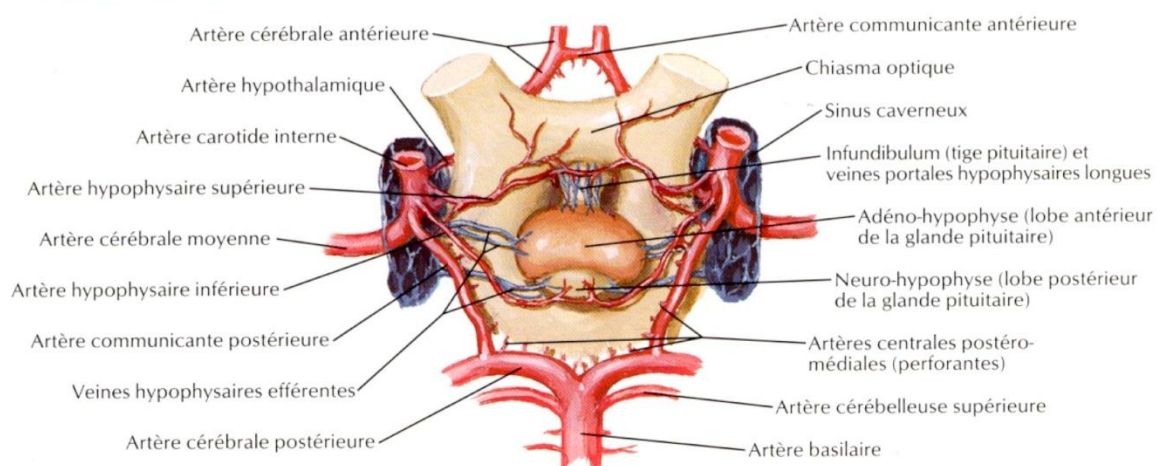


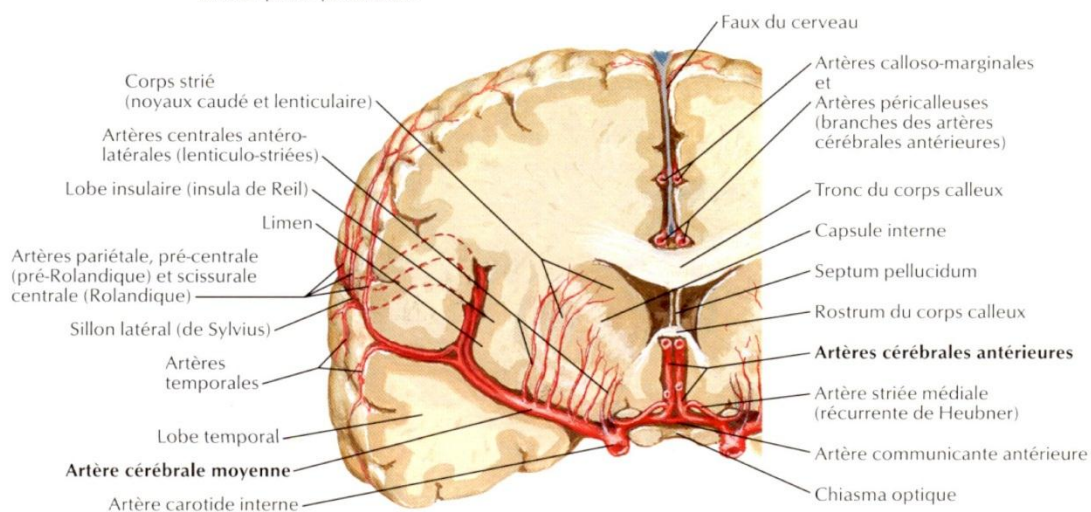
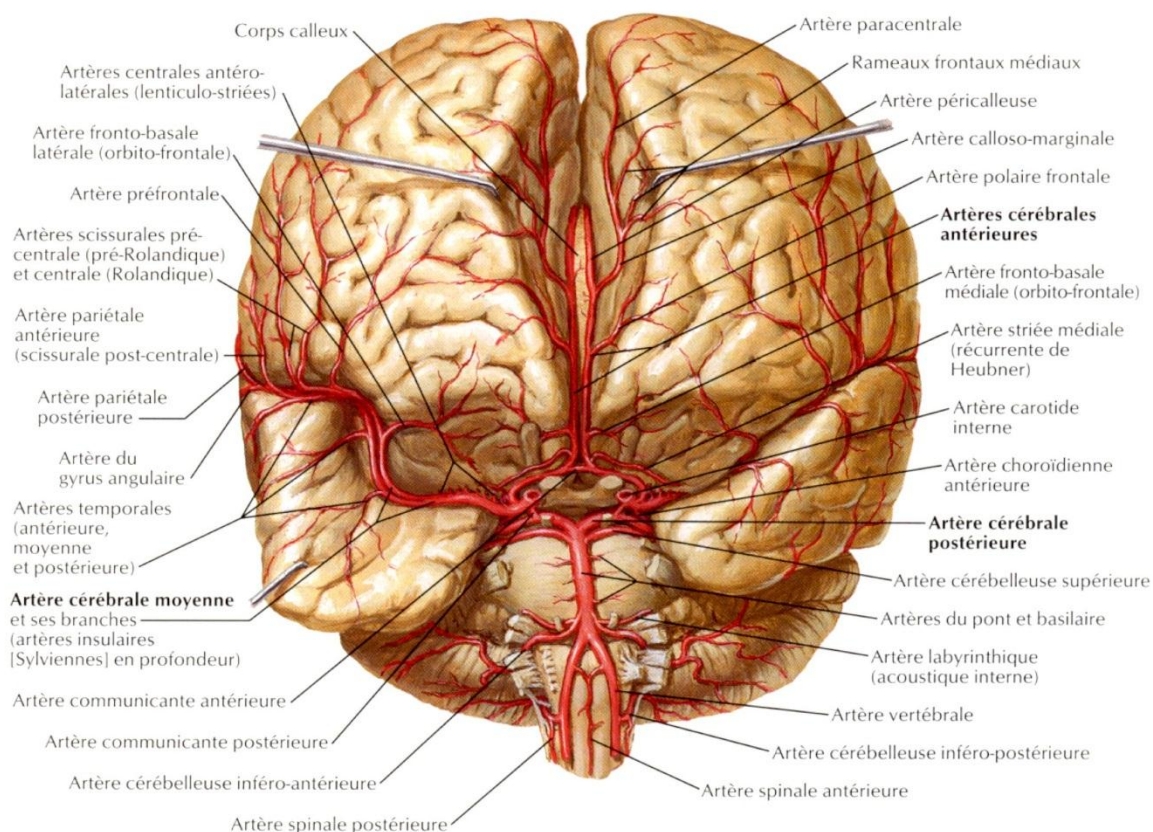


### Vaisseaux isolés : vue inférieure

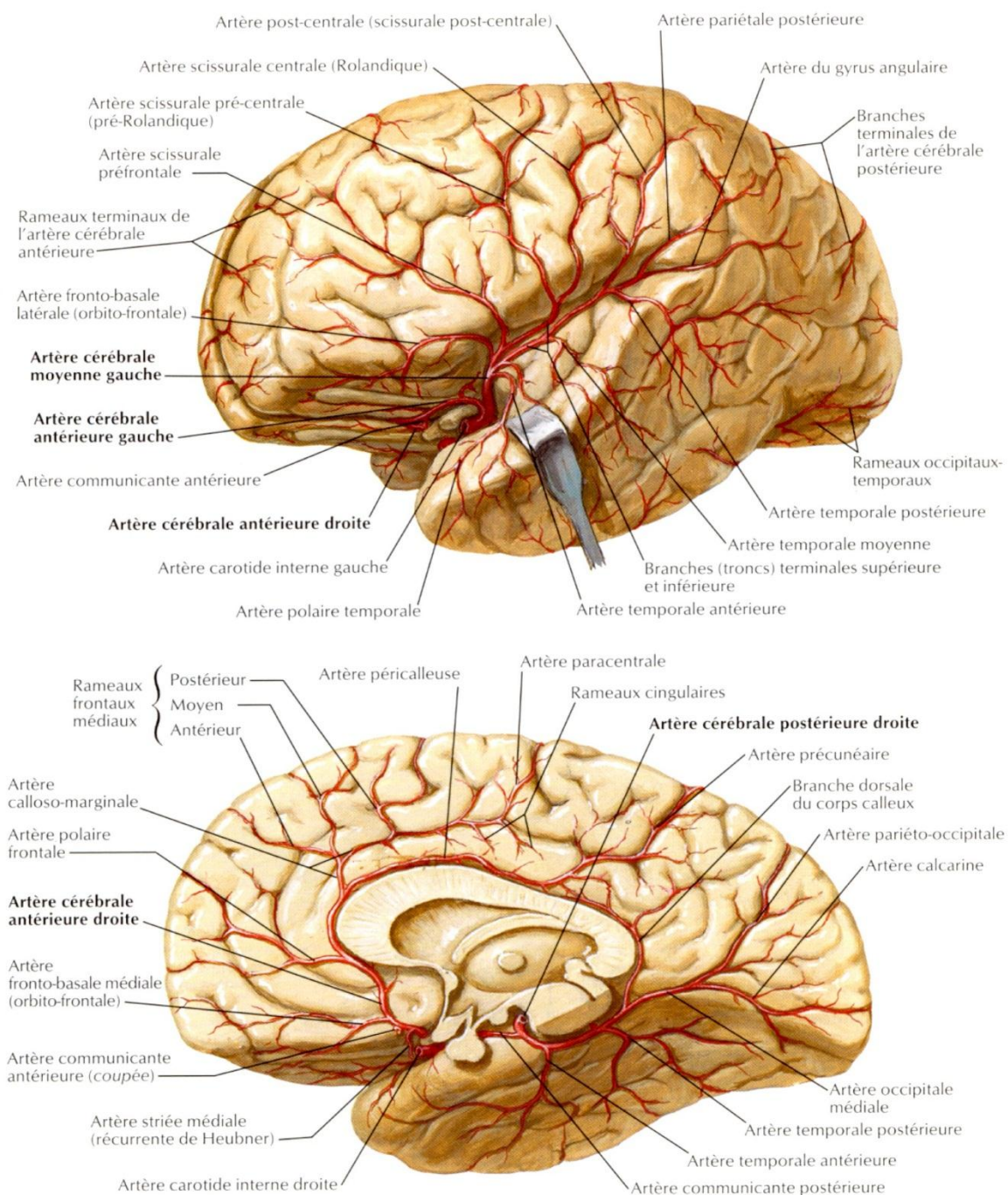


### Vaisseaux in situ : vue inférieure

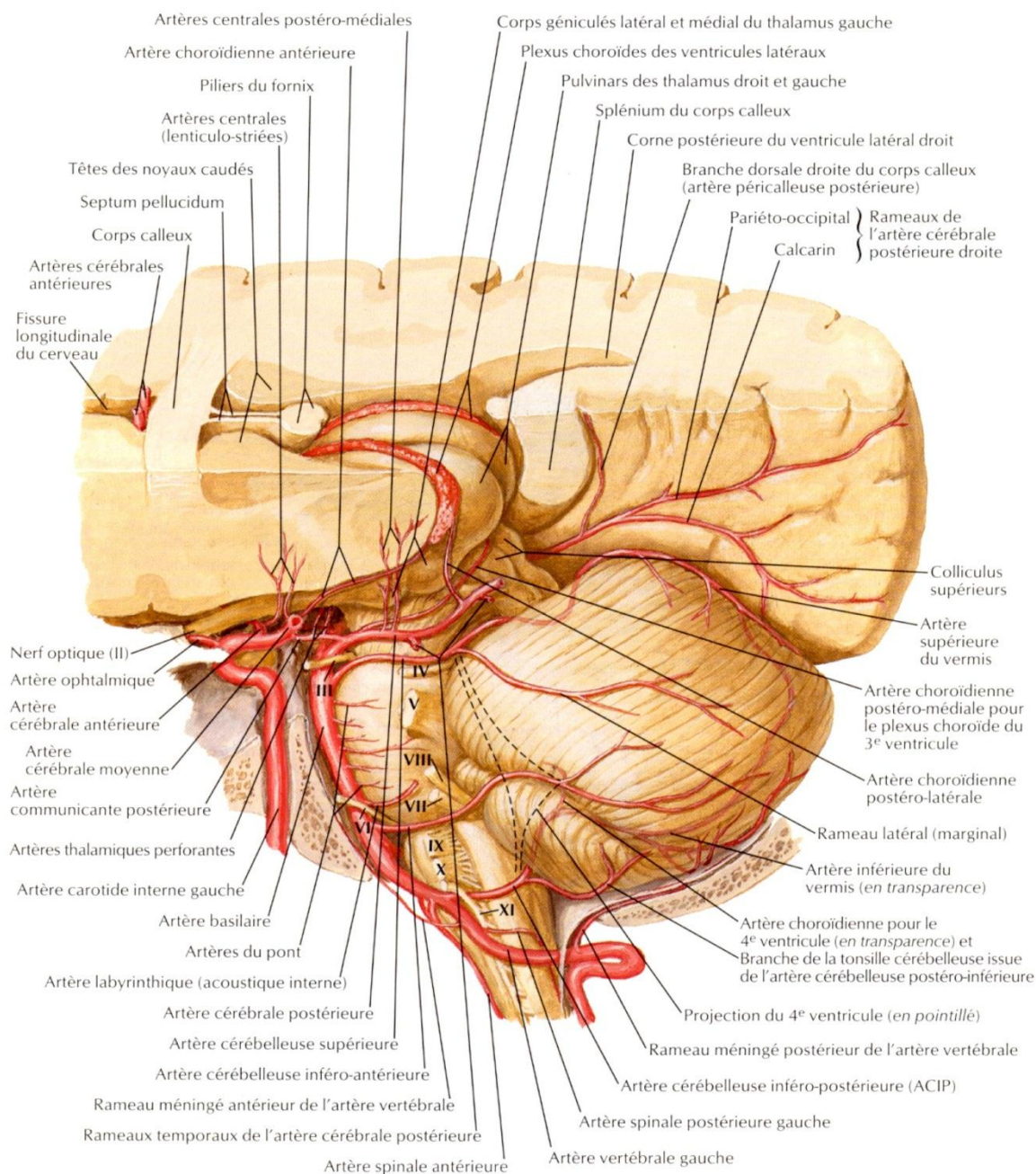




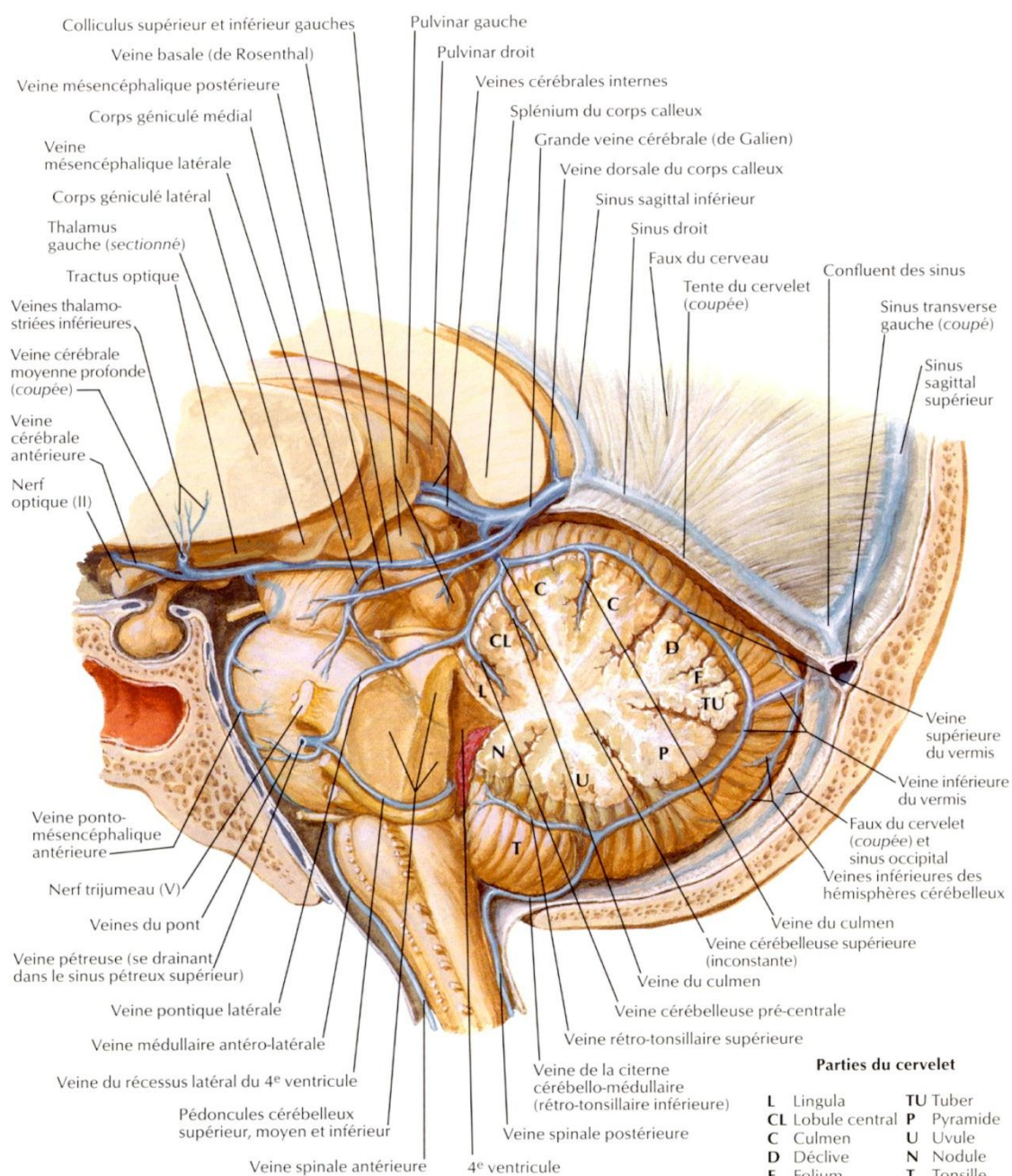


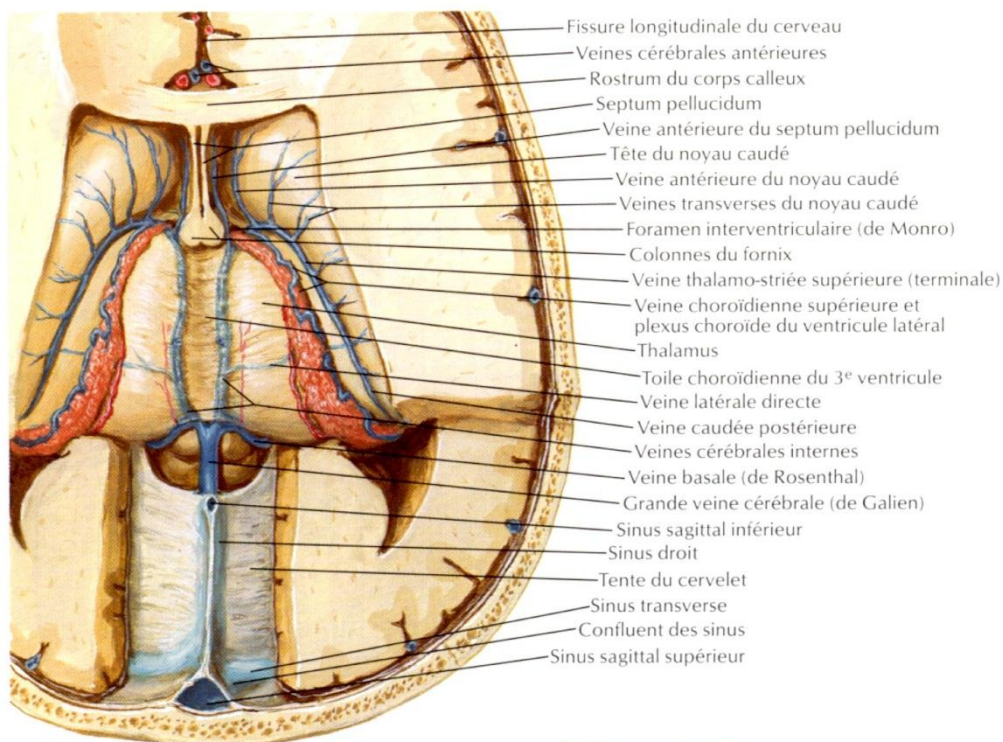


Note : il peut arriver que l'artère pariétale antérieure (scissurale post-centrale) se divise en artères scissurales post-centrale et pariétale antérieure

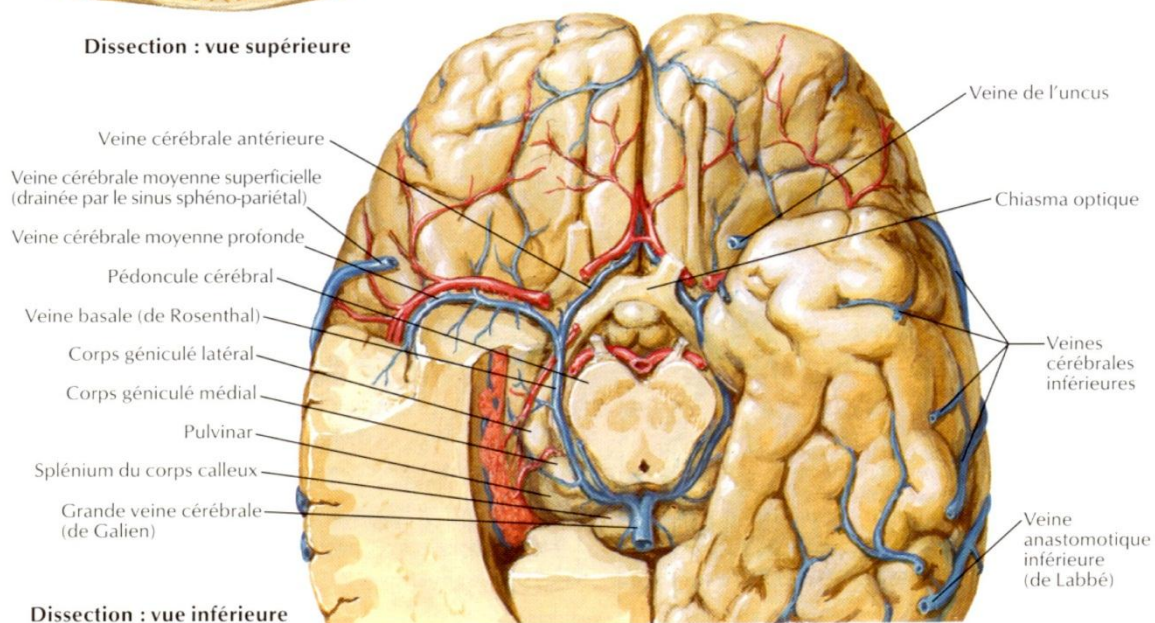






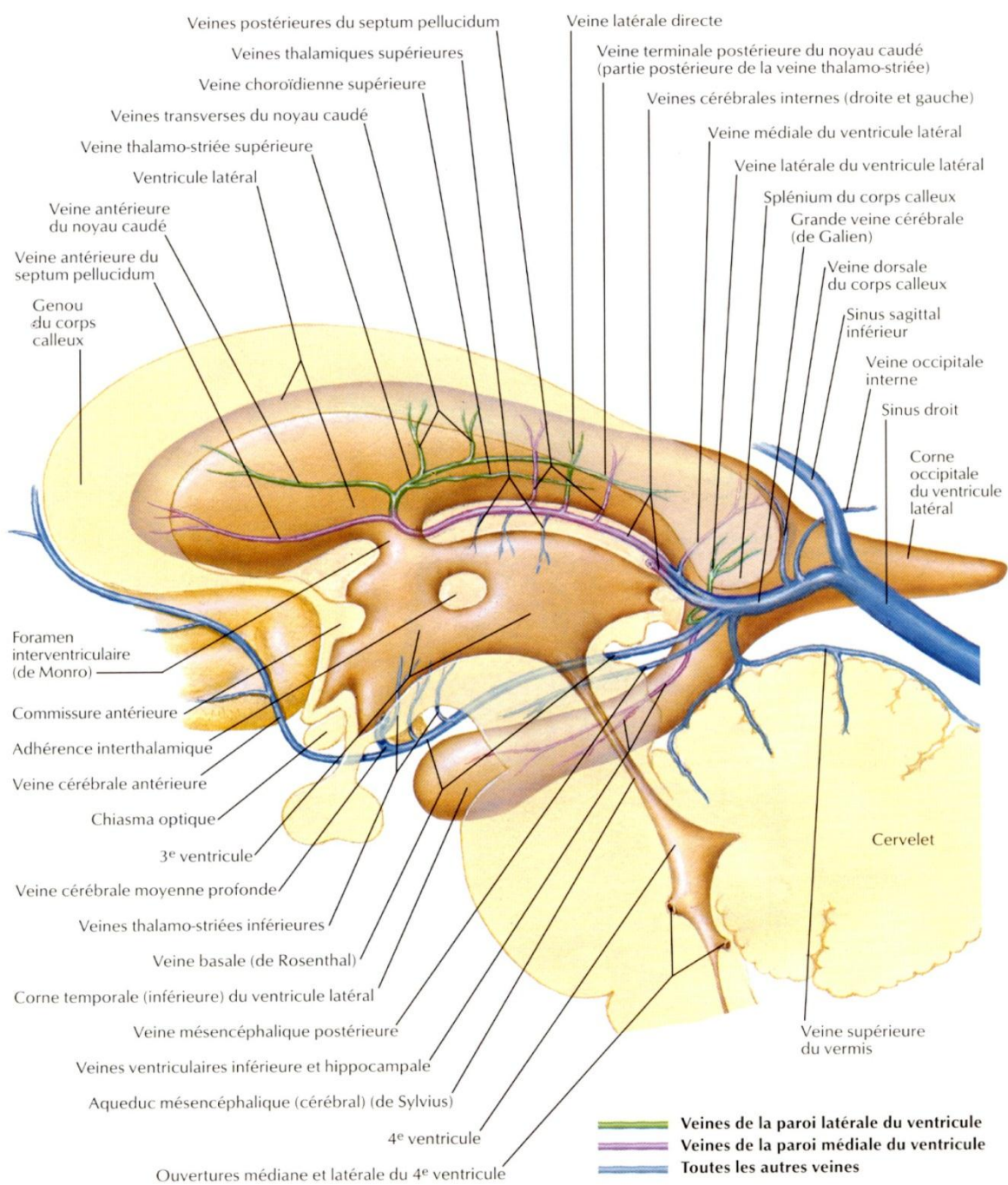


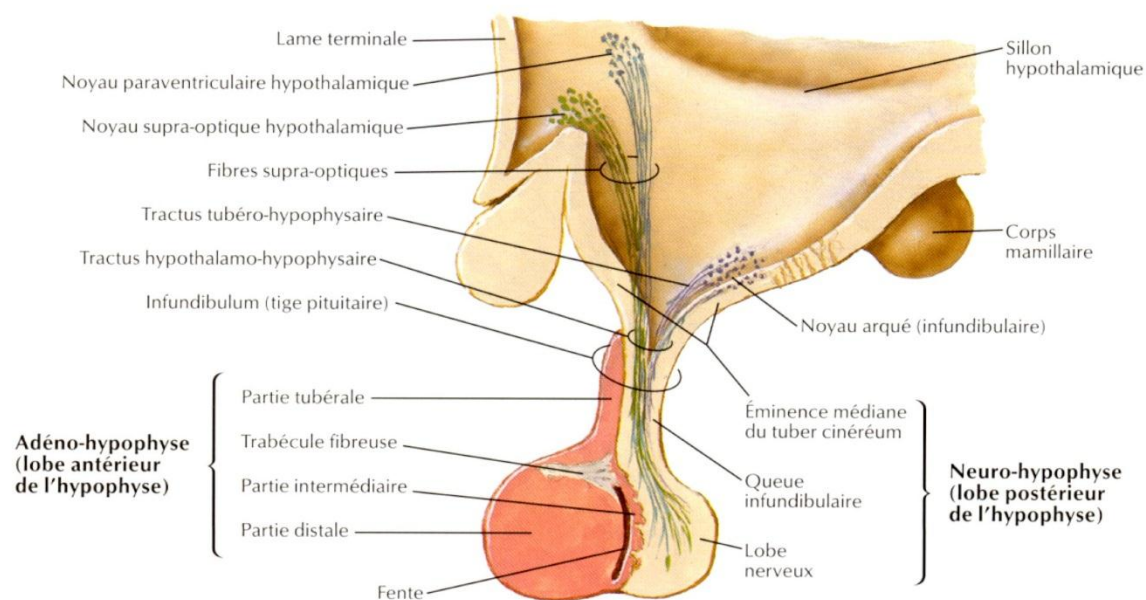
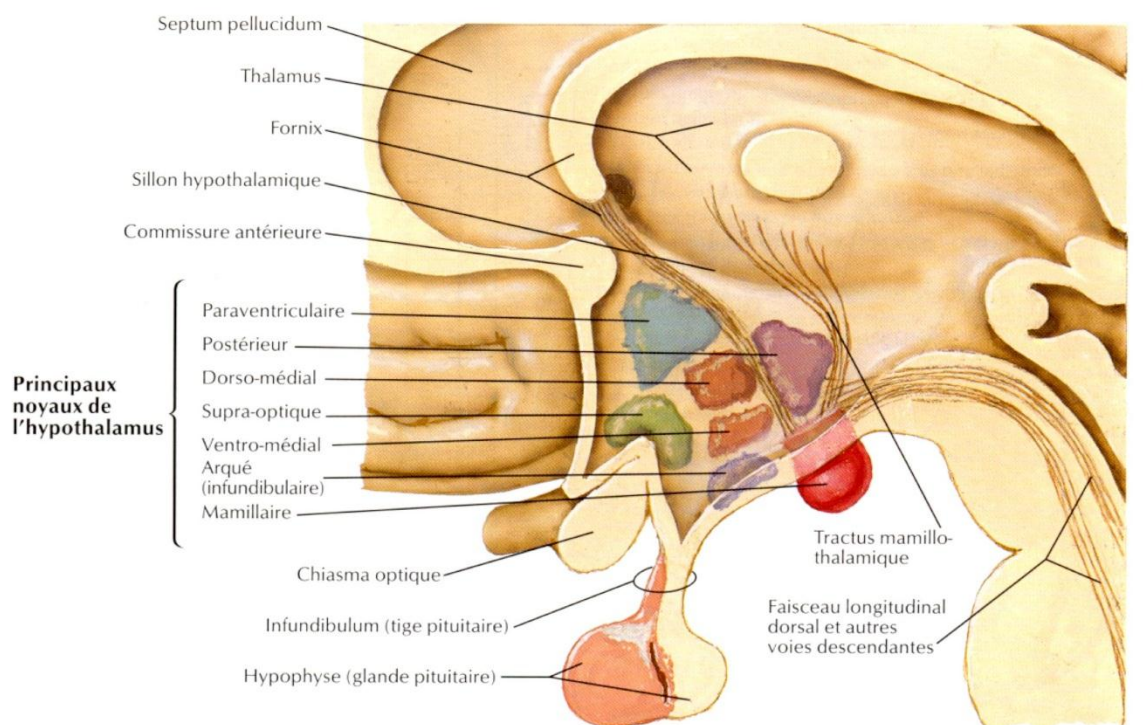
### Dissection : vue supérieure



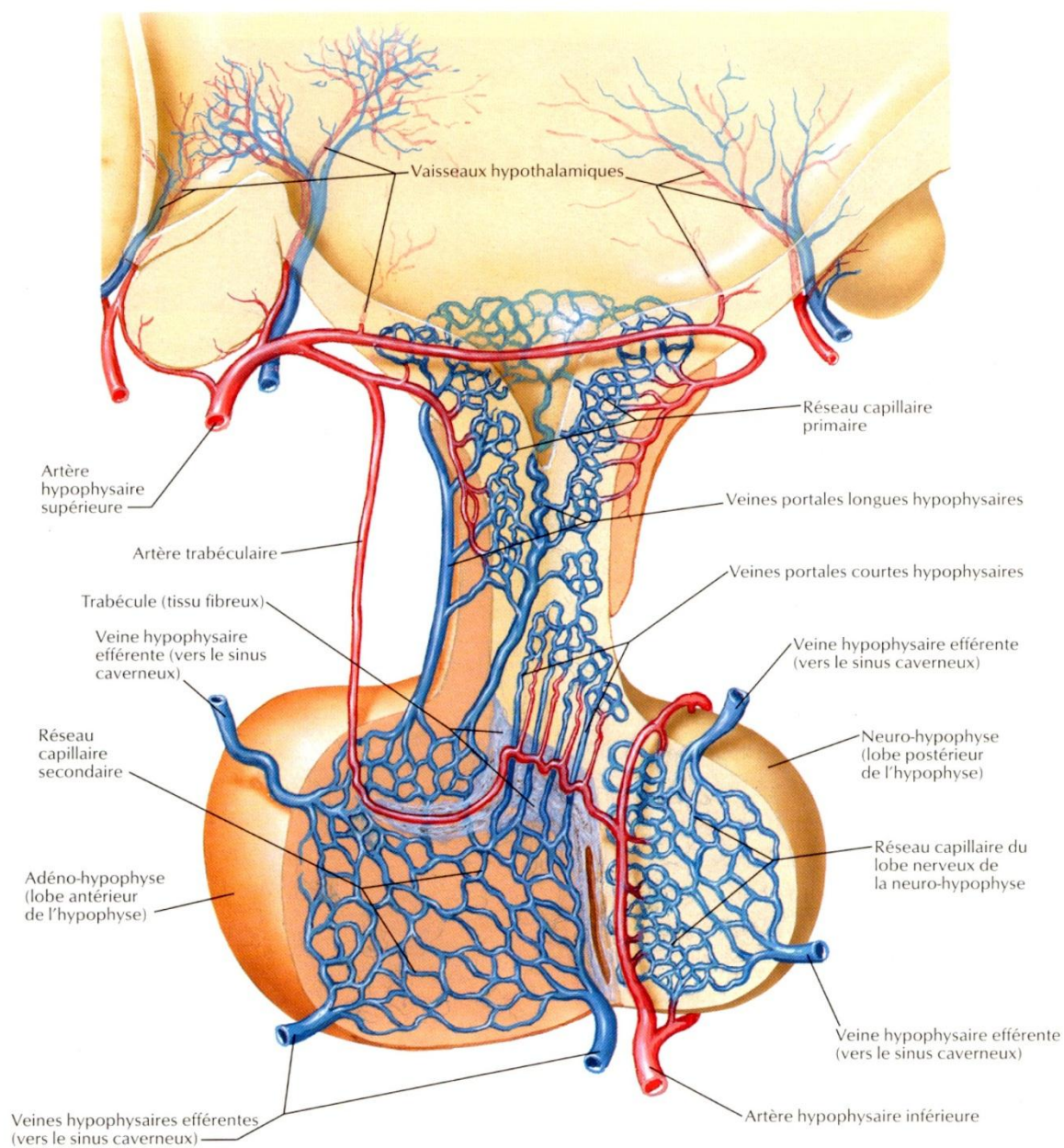
### Dissection : vue inférieure







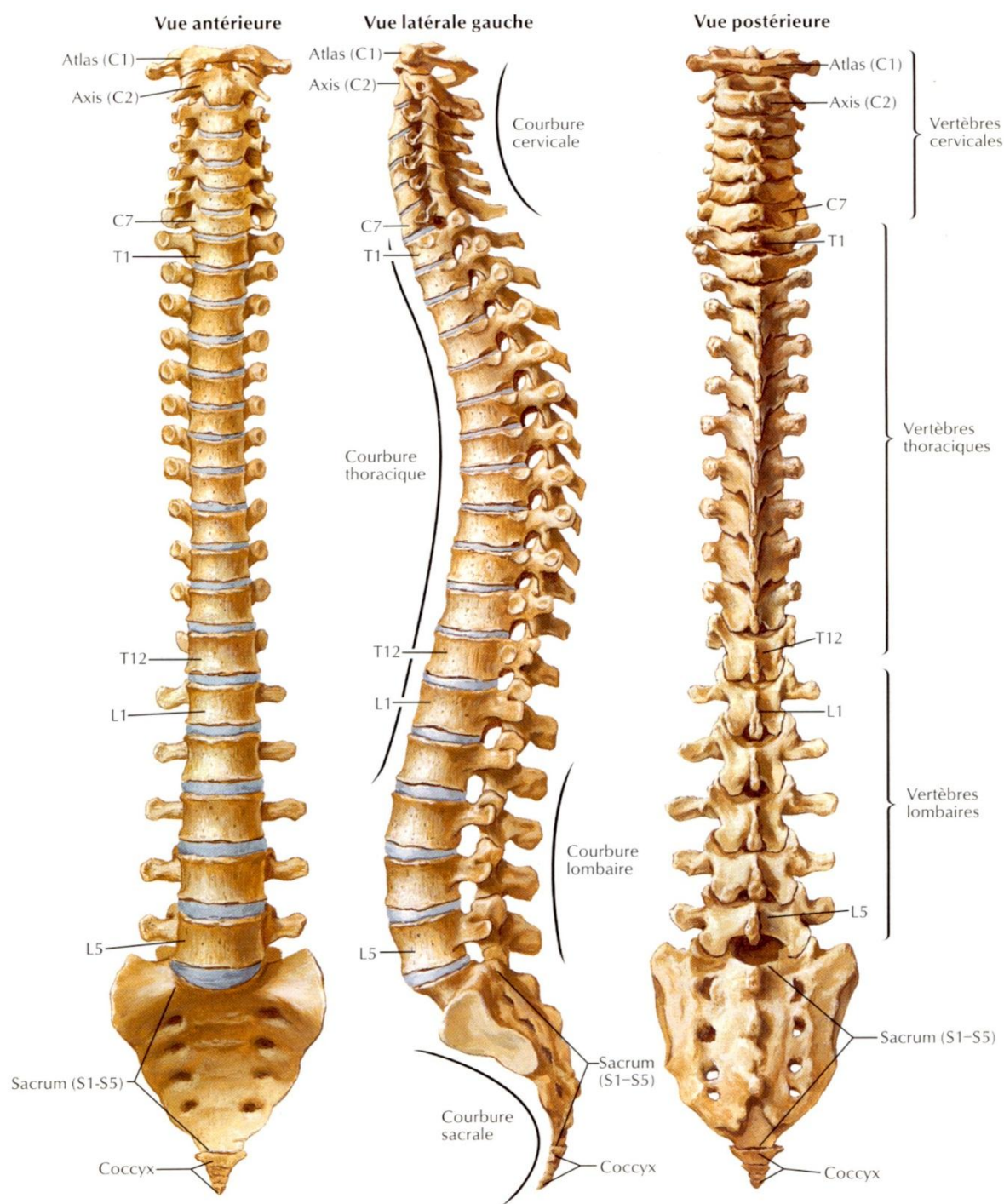


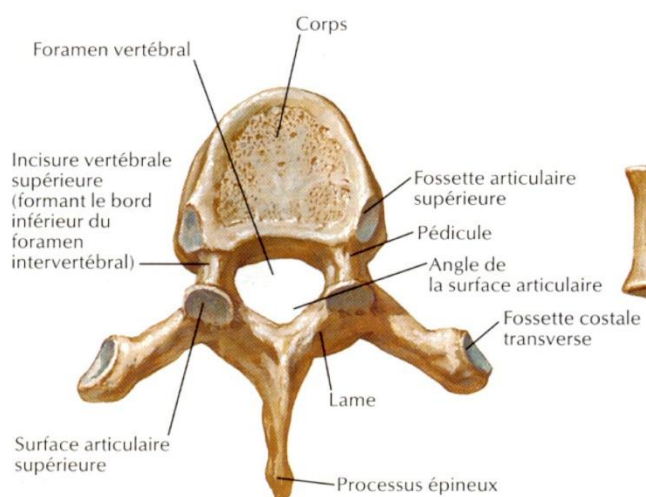


## **Section 2 – Dos et moelle spinale**

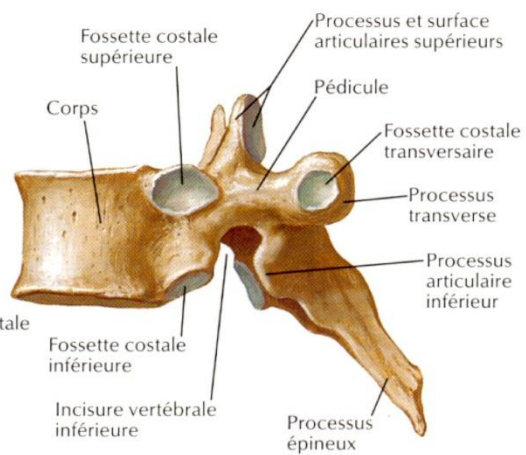


## a. Os et ligaments

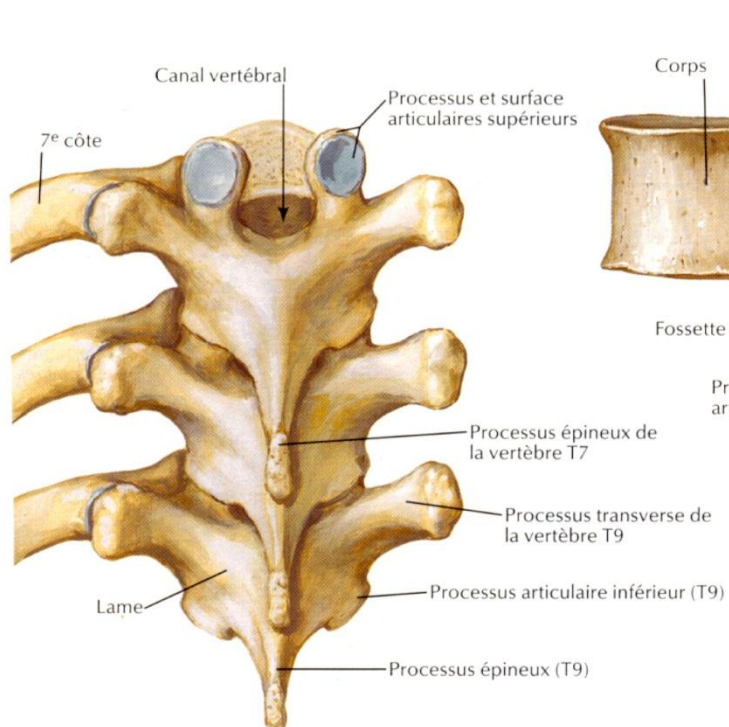




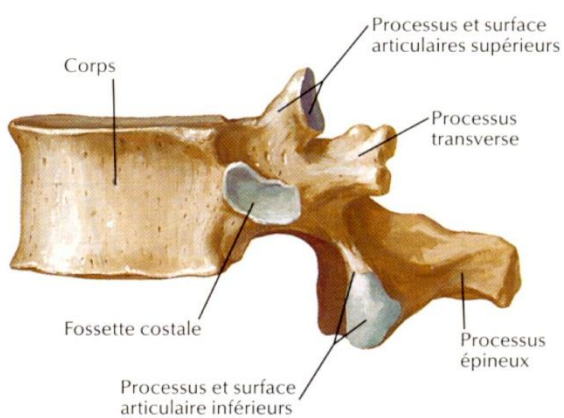
**Vertèbre T6 :  
vue supérieure**



**Vertèbre T6 :  
vue latérale**

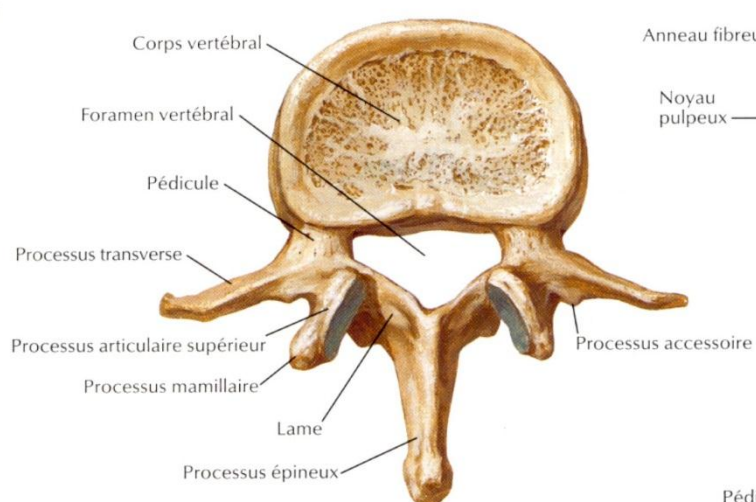


**Vertèbres T7, T8 et T9 :  
vue postérieure**

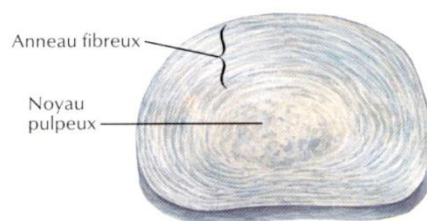


**Vertèbre T12 :  
vue latérale**

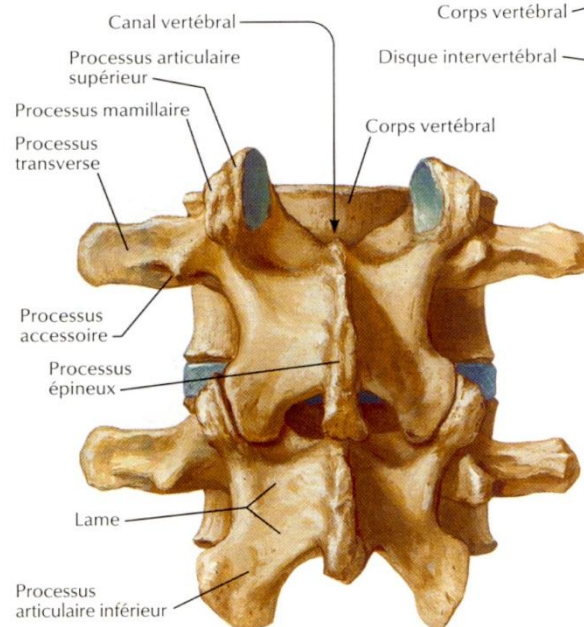




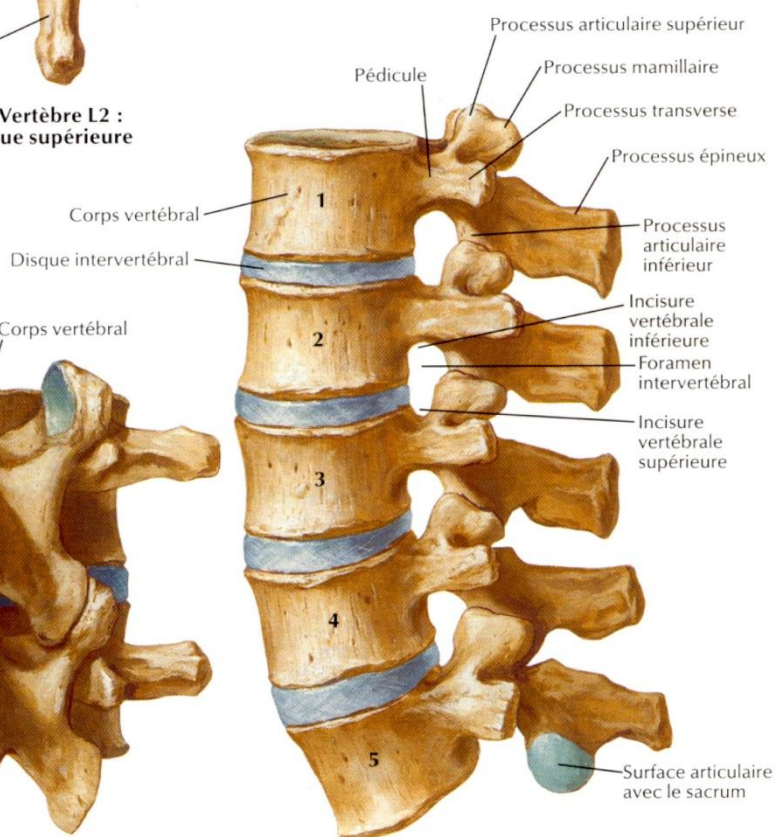
**Vertèbre L2 :  
vue supérieure**



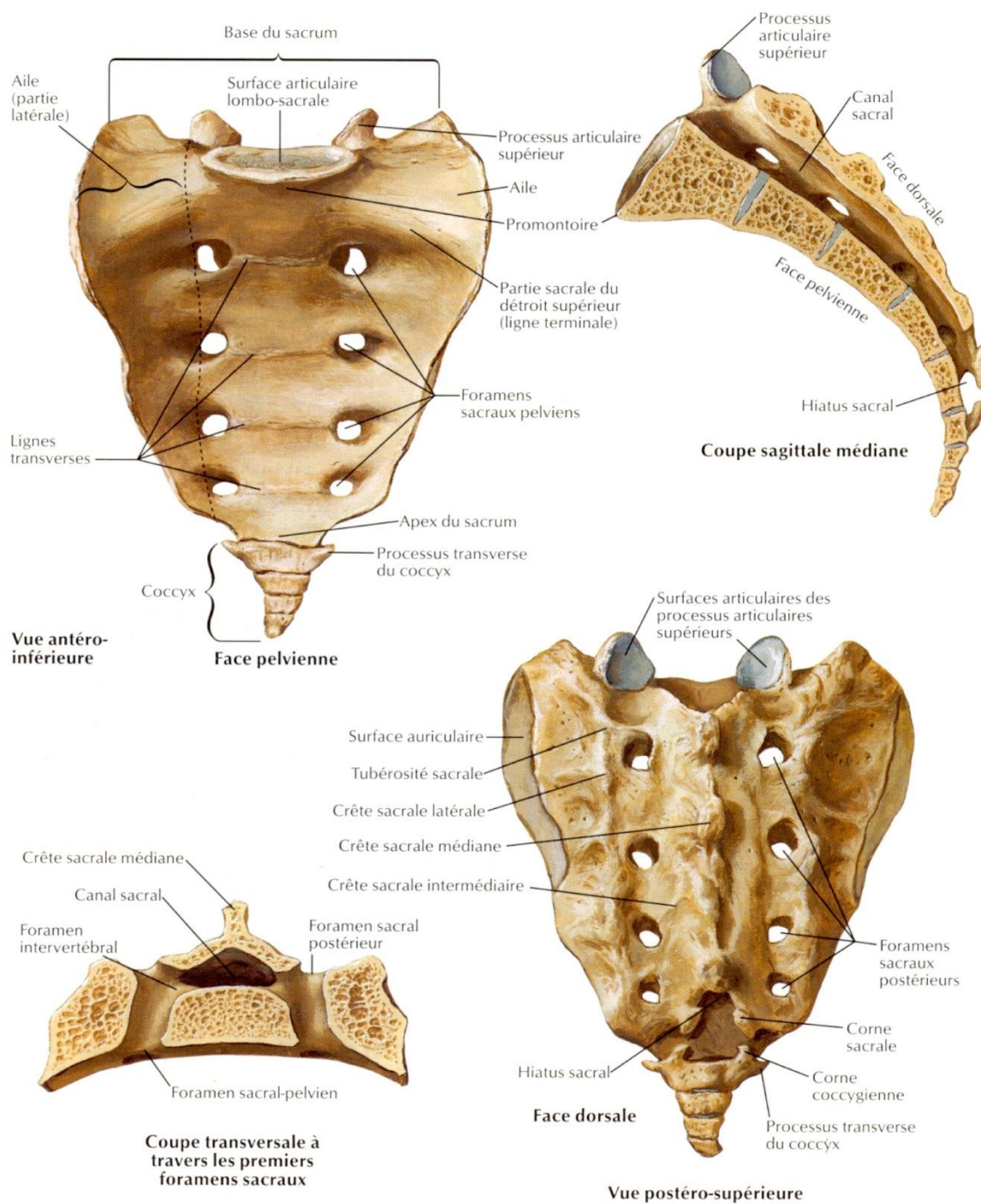
**Disque intervertébral**



**Vertèbres L3 et L4 :  
vue postérieure**

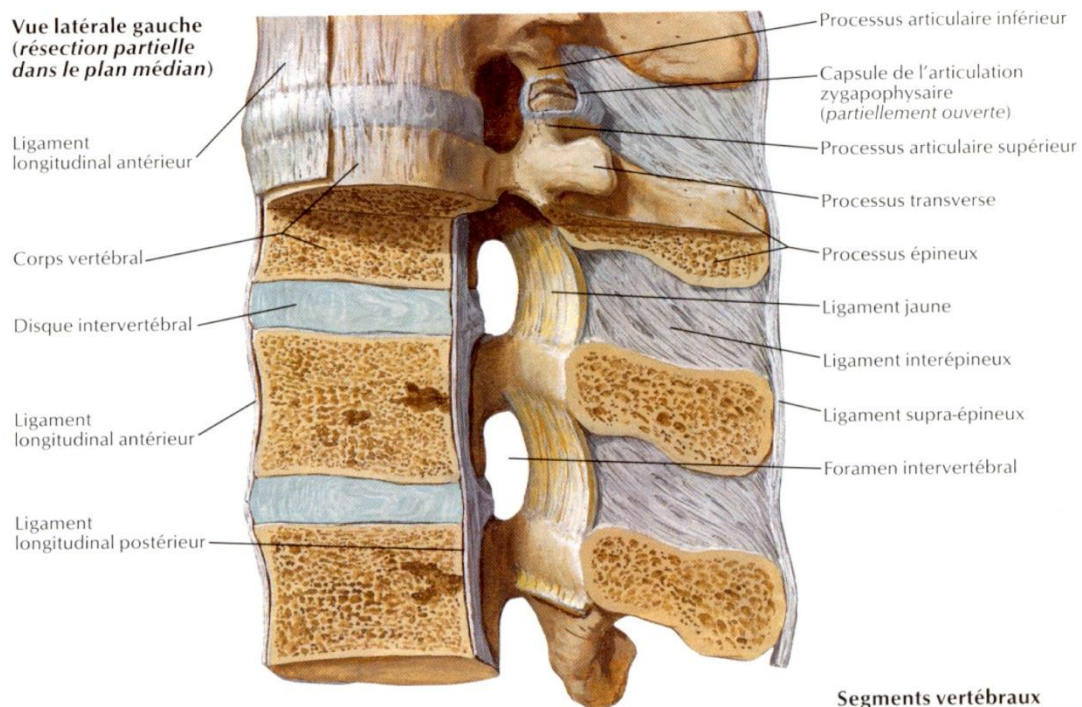


**Vertèbres lombaires :  
vue latérale gauche**

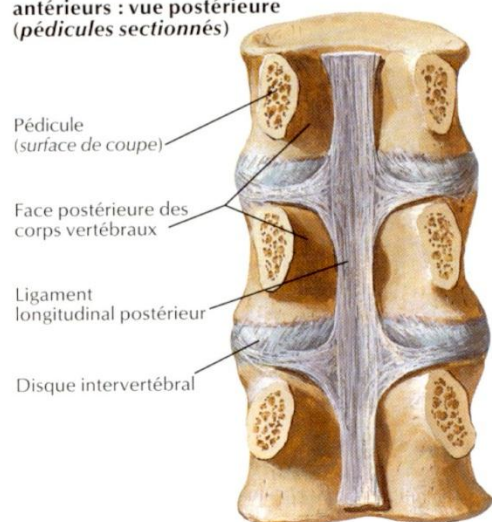




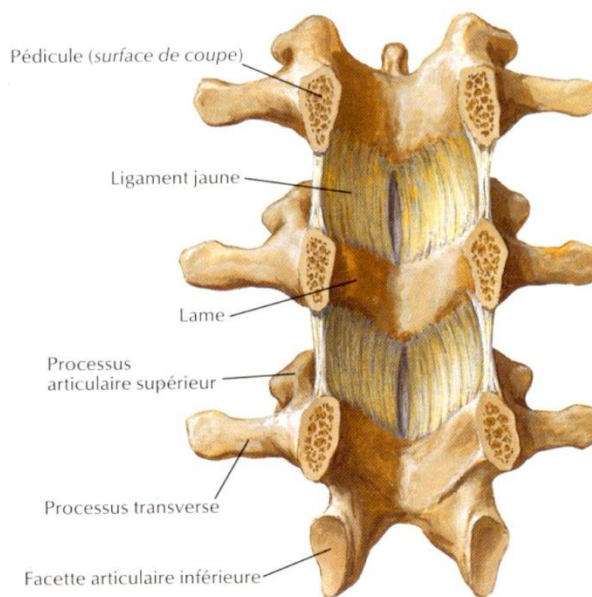
**Vue latérale gauche  
(résection partielle  
dans le plan médian)**

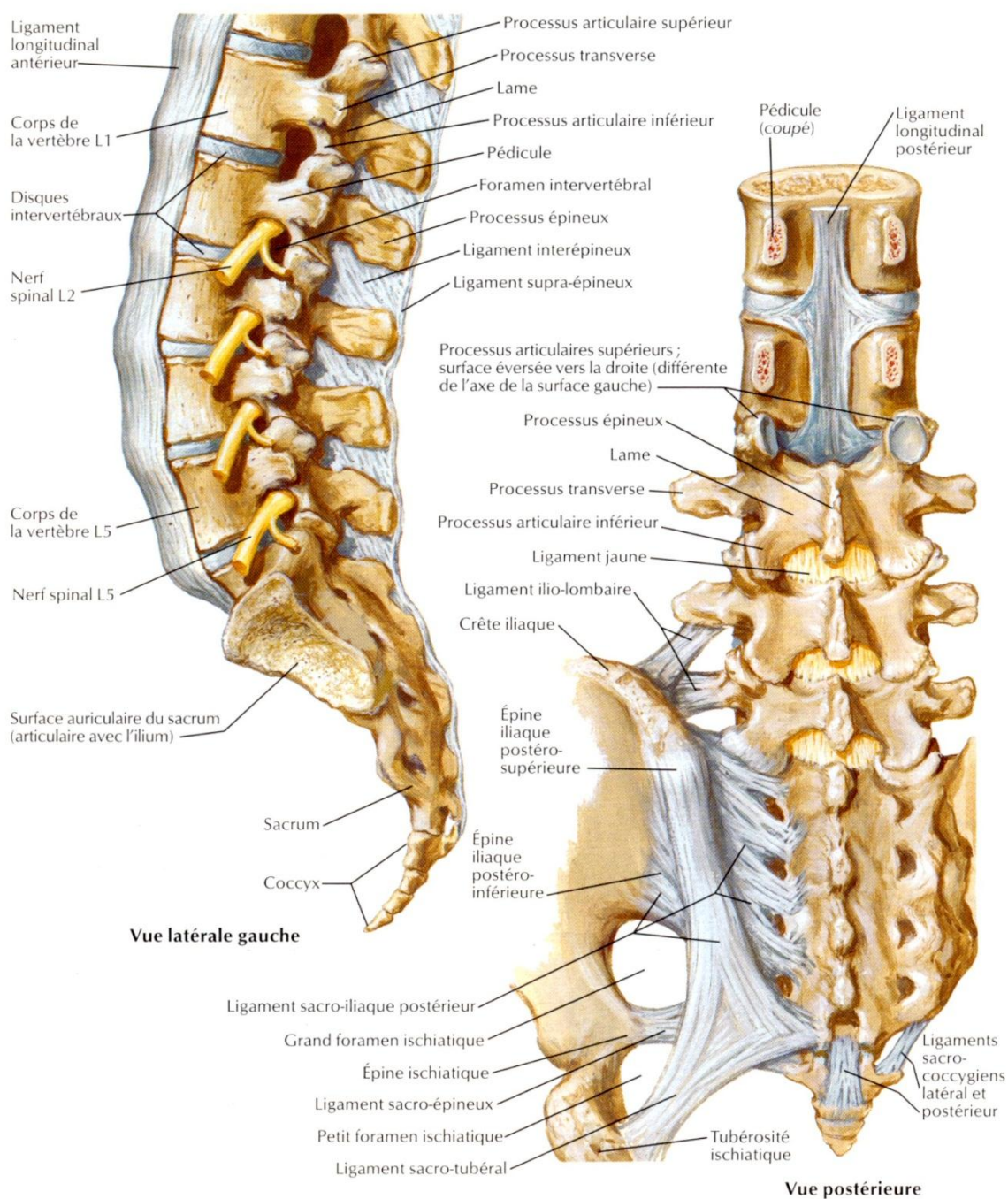


**Segments vertébraux  
antérieurs : vue postérieure  
(pédicules sectionnés)**



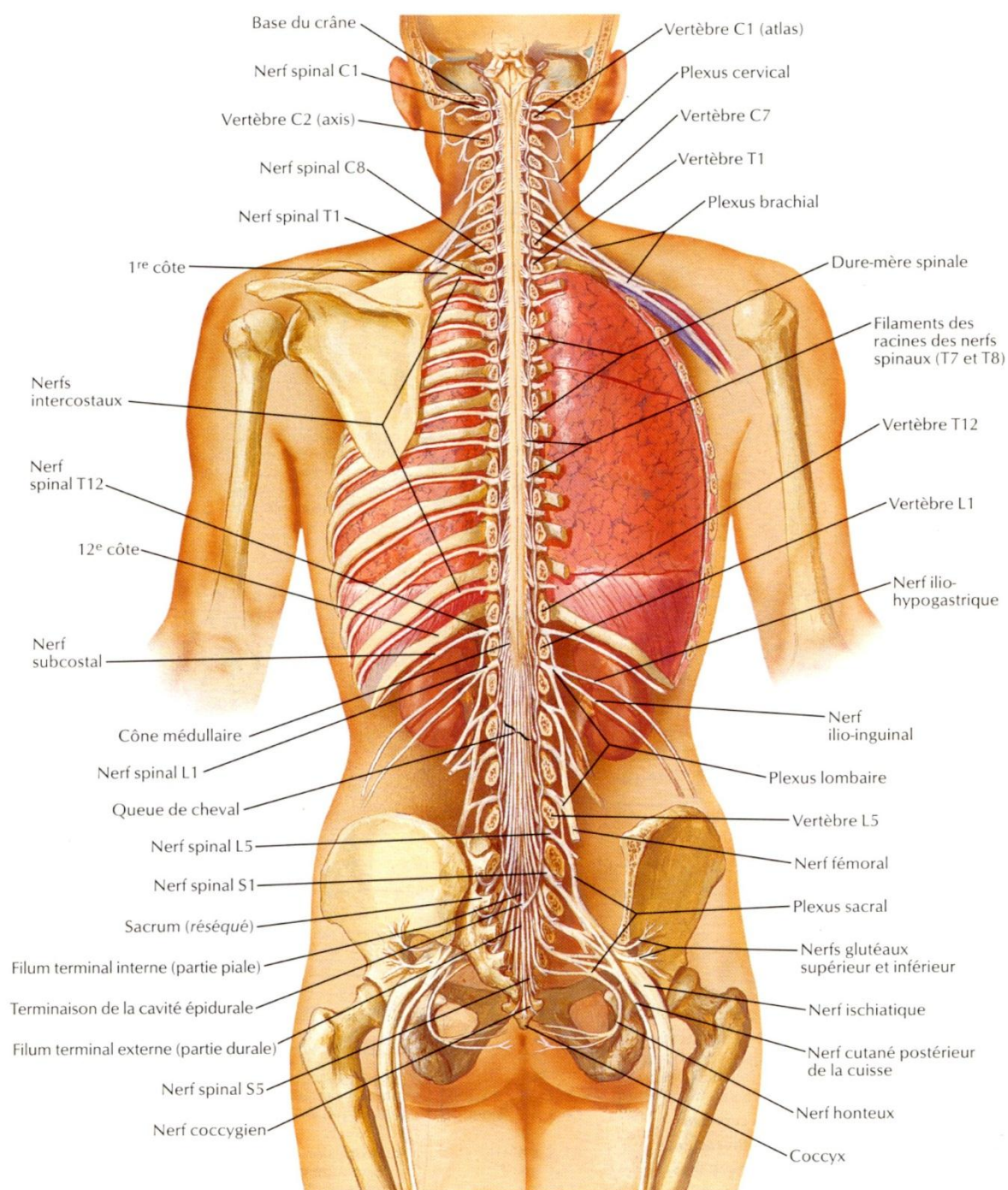
**Segments vertébraux  
postérieurs : vue antérieure**

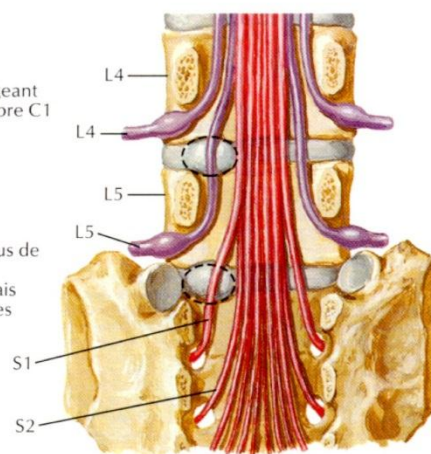
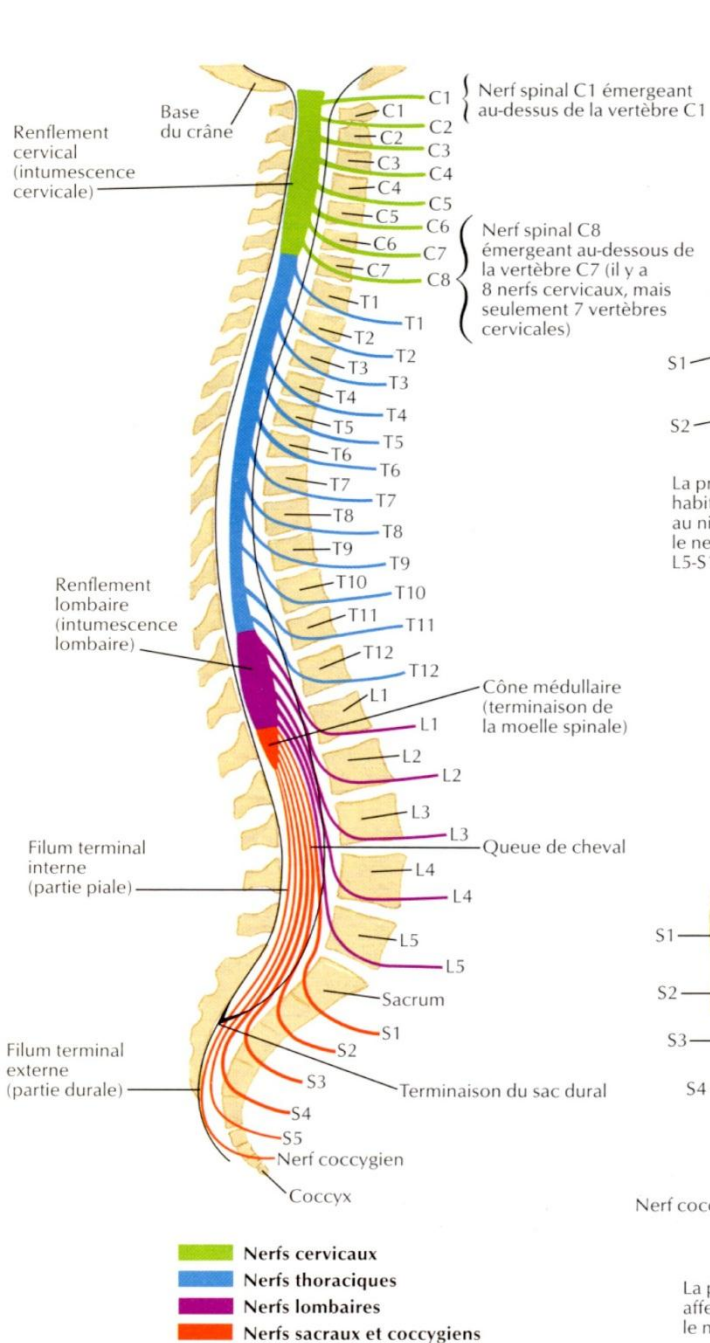




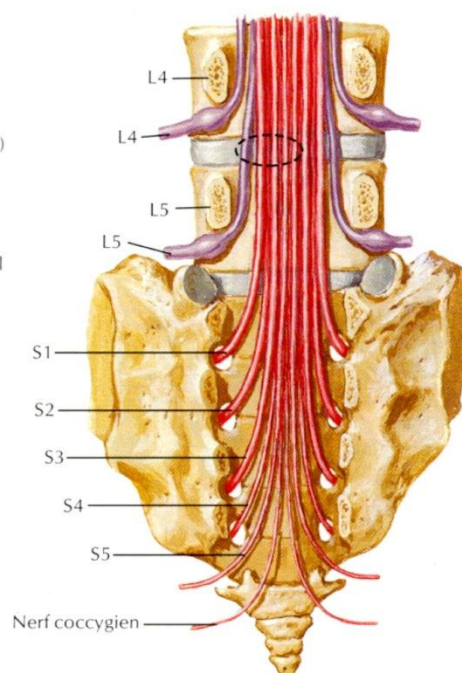


## b. Moelle épinière



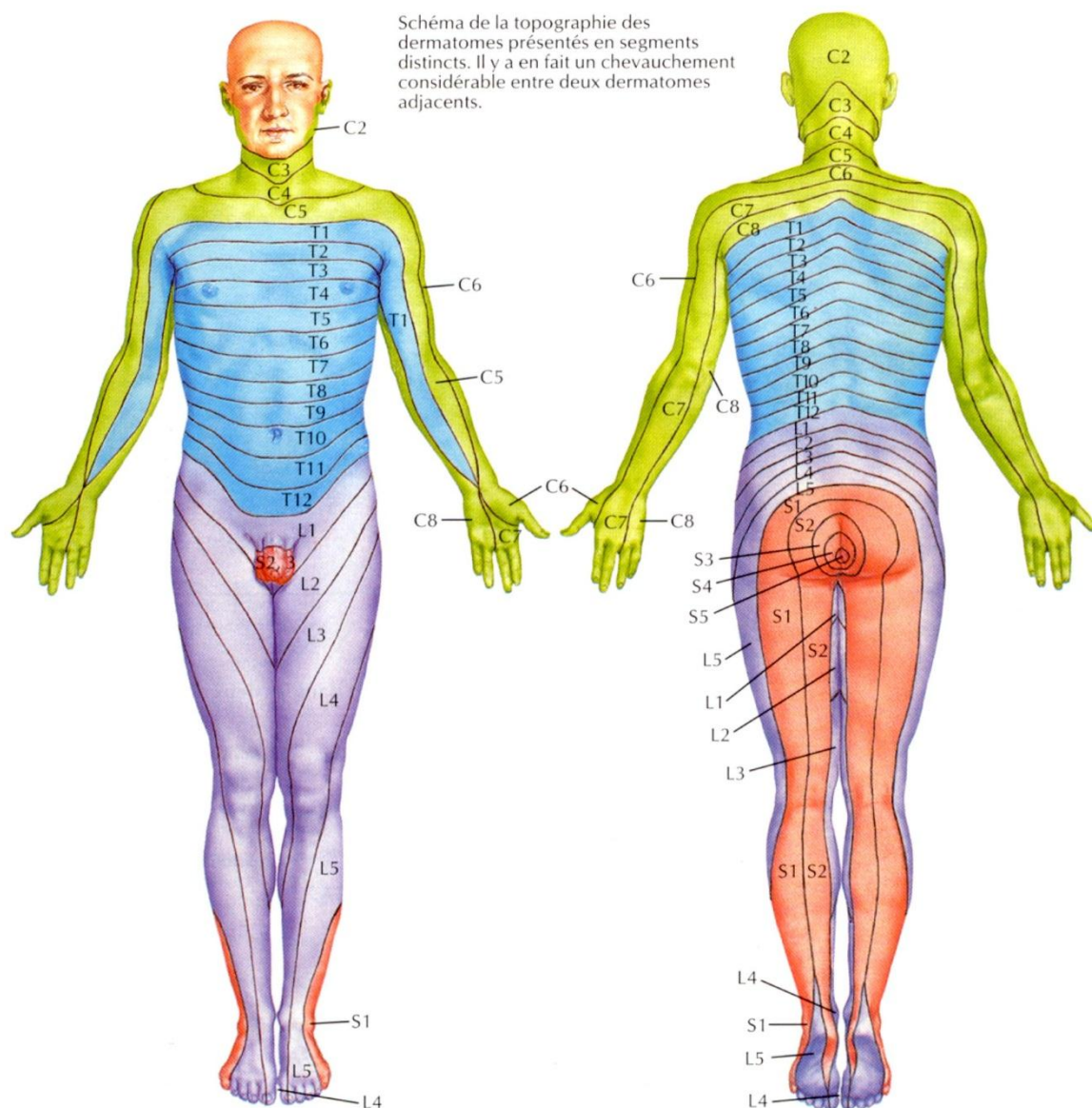


La protrusion du disque lombaire n'affecte pas habituellement le nerf sus-jacent. Une protrusion latérale au niveau du disque de L4-L5 affecte le nerf spinal L5, pas le nerf spinal L4. Une protrusion au niveau du disque de L5-S1 affecte le nerf spinal S1, et non le nerf spinal L5.



La protrusion médiale au niveau du disque de L4-L5 affecte rarement le nerf spinal L4, mais peut affecter le nerf spinal L5 et parfois les nerfs spinaux S1-S4.

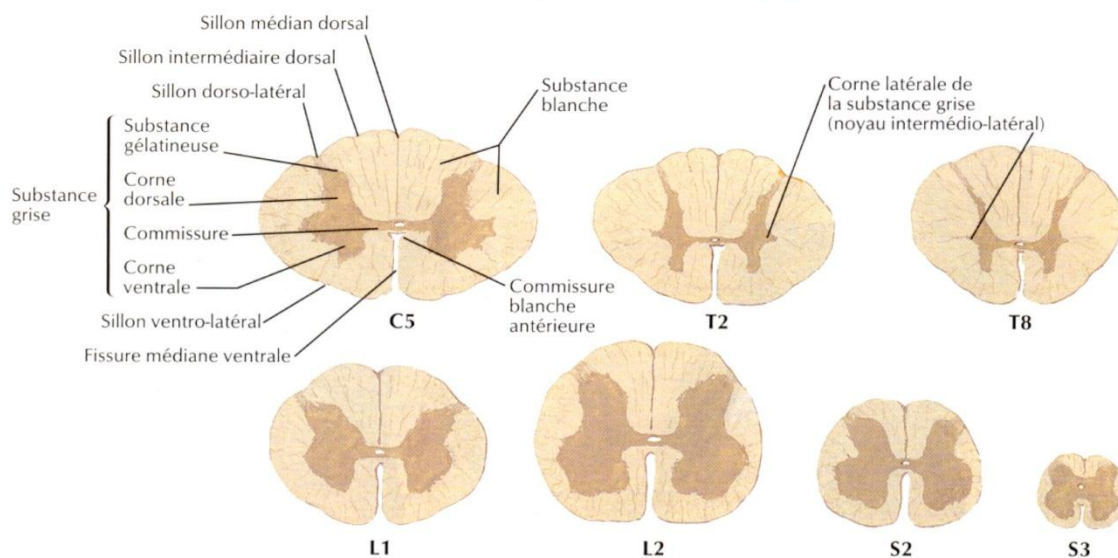




#### Niveaux des principaux dermatomes

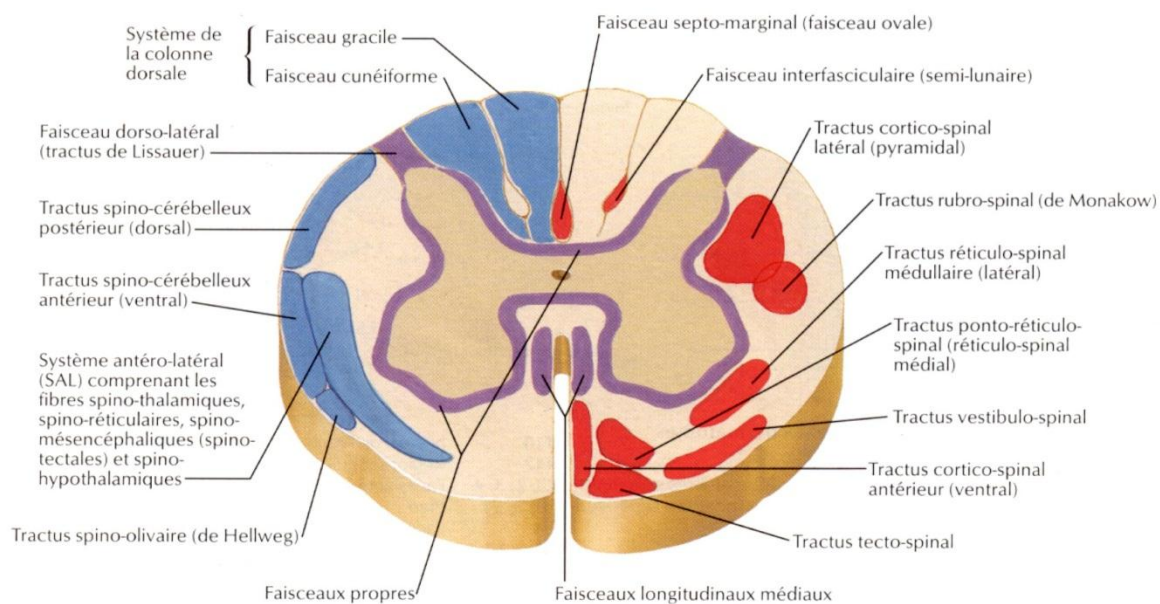
C5	Clavicules	T10	Niveau de l'ombilic
C5, 6, 7	Parties latérales des membres supérieurs	T12	Régions inguinales (aine)
C8, T1	Parties médiales des membres supérieurs	L1, 2, 3, 4	Faces antérieure et médiale des membres inférieurs
C6	Pouce	L4, 5, S1	Pied
C6, 7, 8	Main	L4	Face médiale du gros orteil
C8	Annulaire et auriculaire	S1, 2, L5	Faces postéro-externes des membres inférieurs
T4	Niveau du mamelon	S1	Bord latéral du pied et du petit orteil
		S2, 3, 4	Périnée

### Coupes de la moelle spinale à des niveaux différents

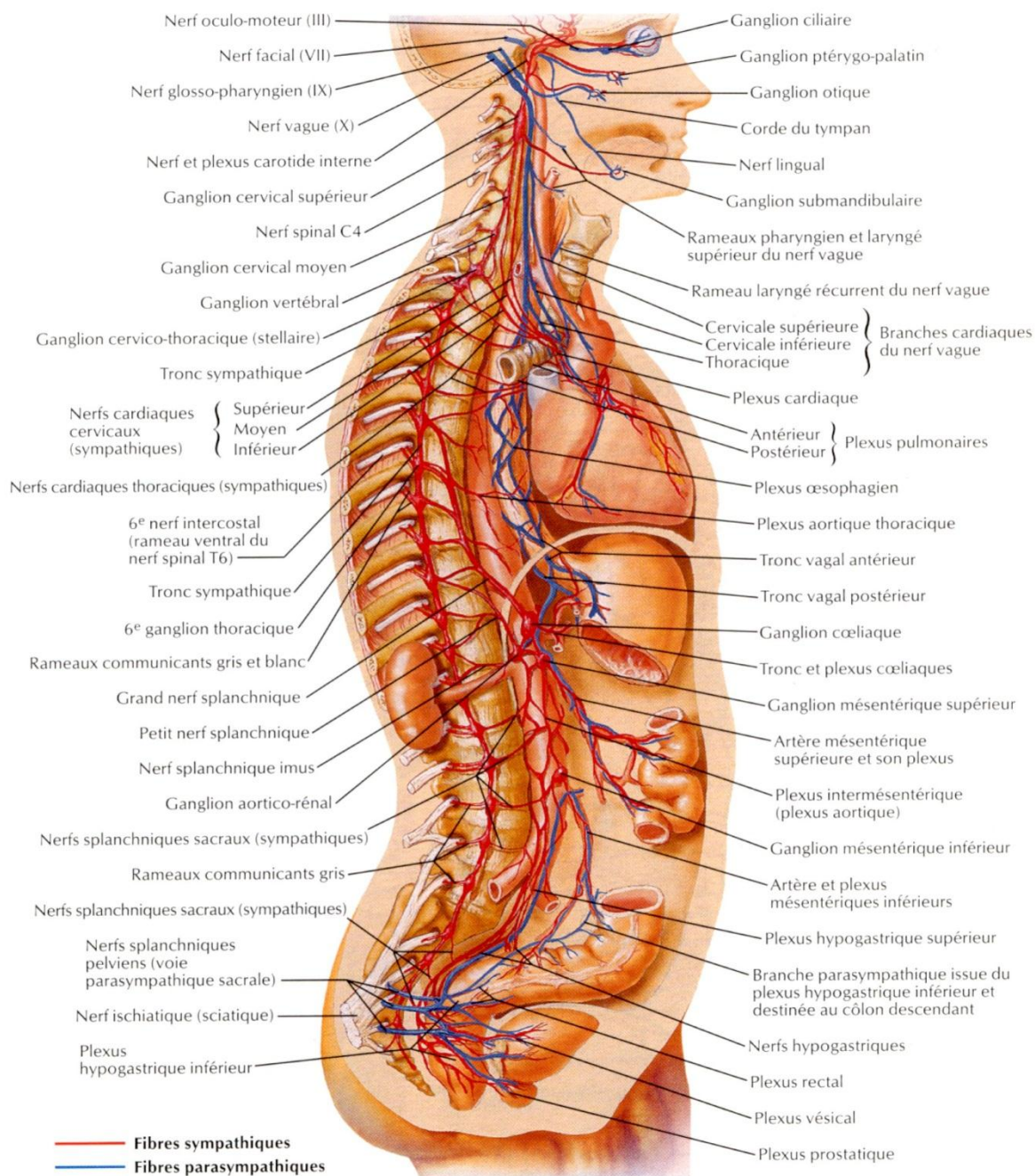


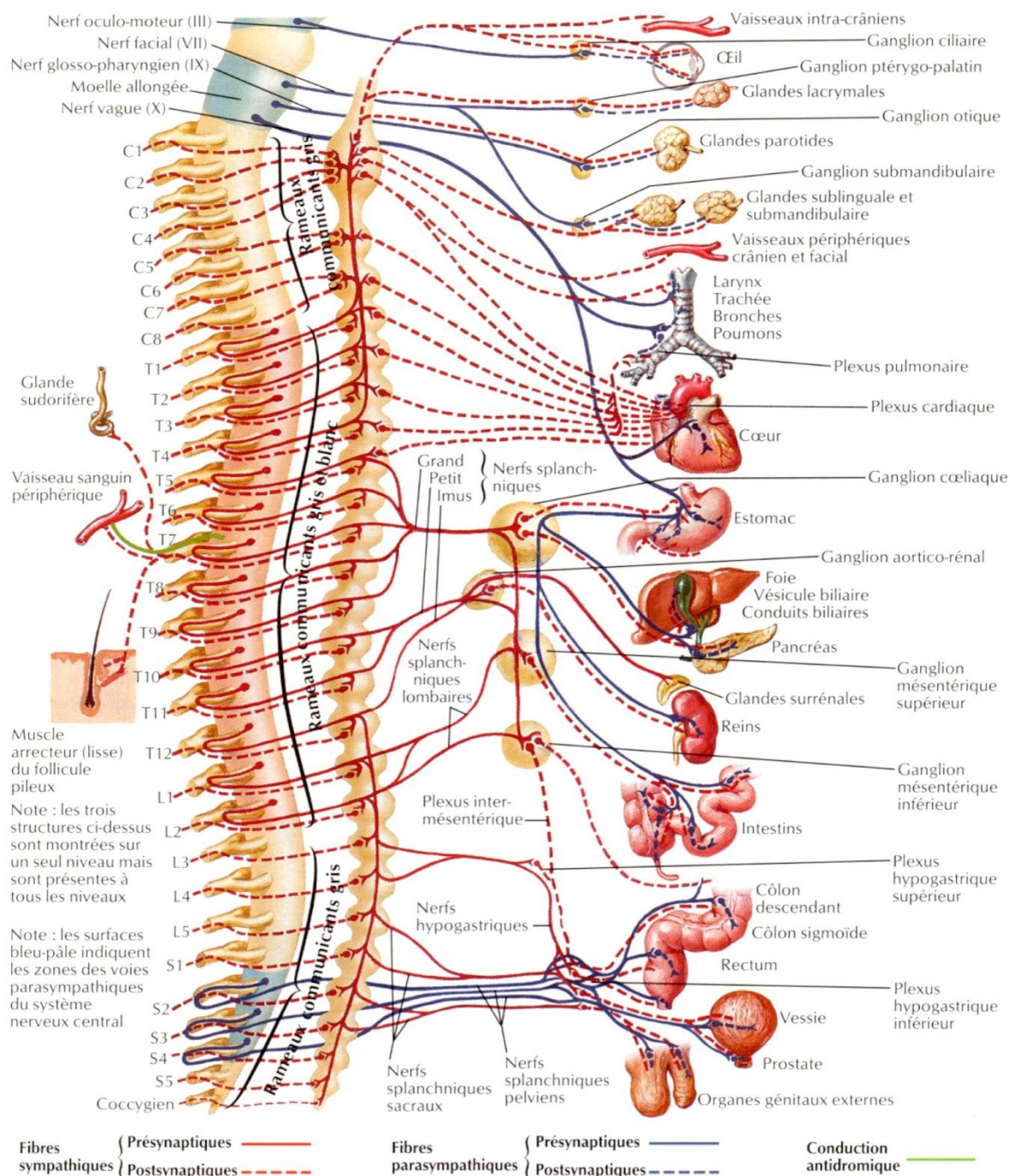
### Principaux tractus fibreux de la moelle spinale

■ Voies ascendantes  
■ Voies descendantes  
■ Fibres conductrices dans les deux directions

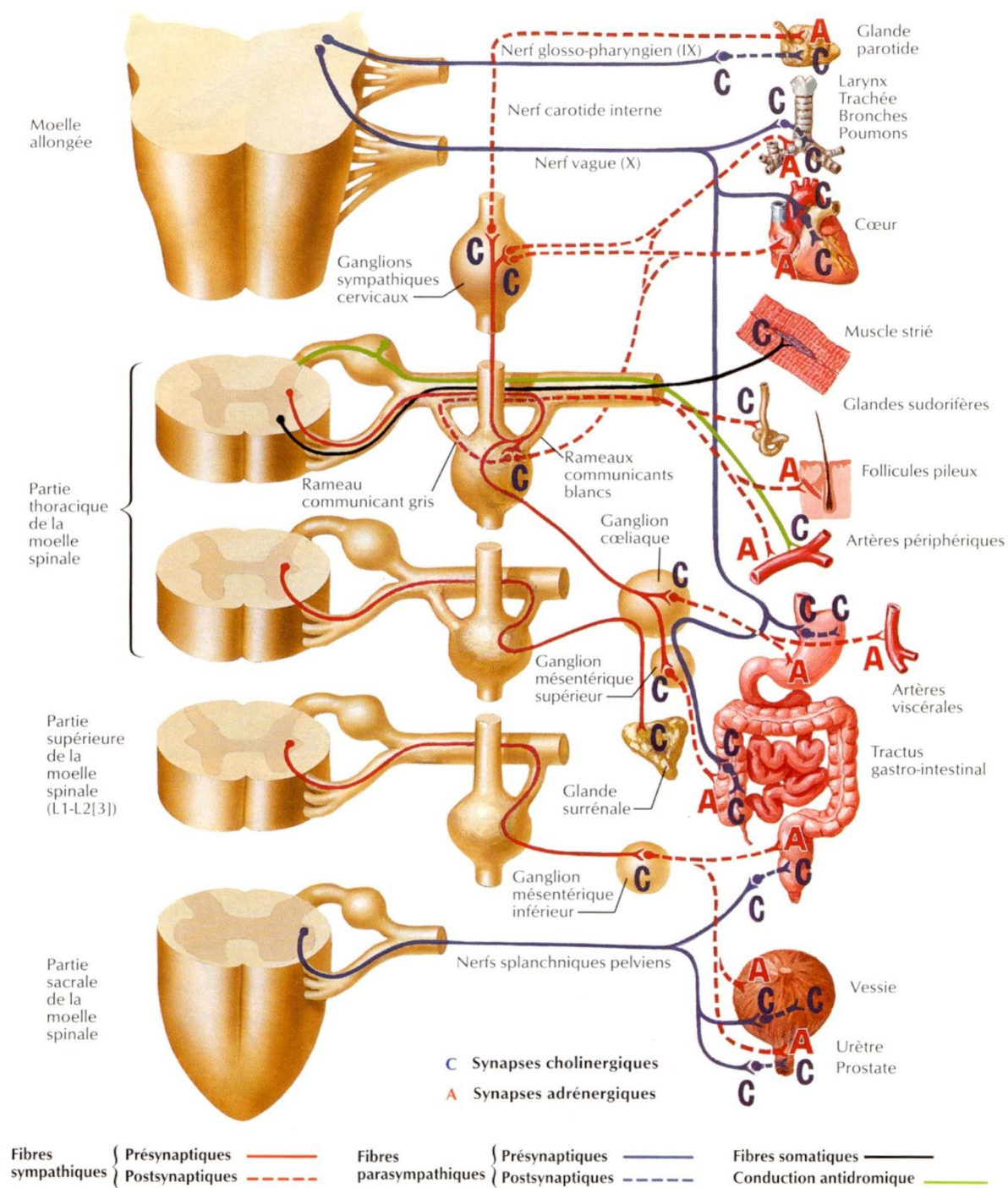


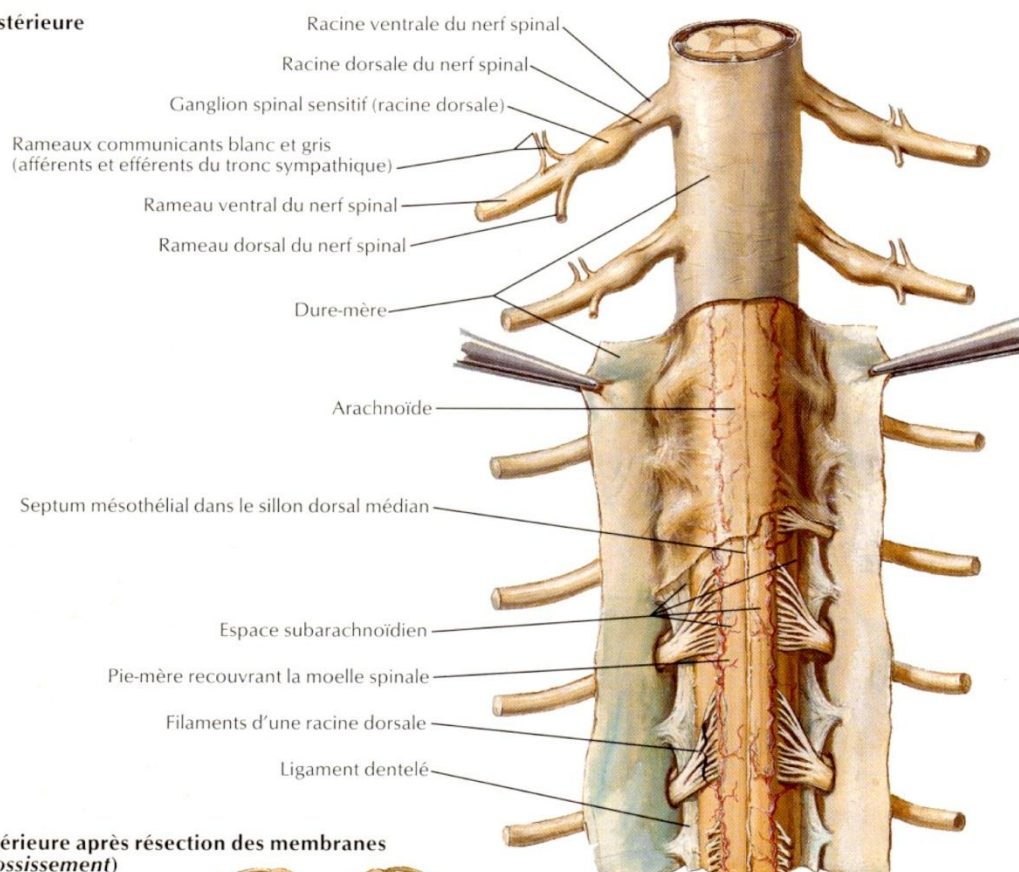
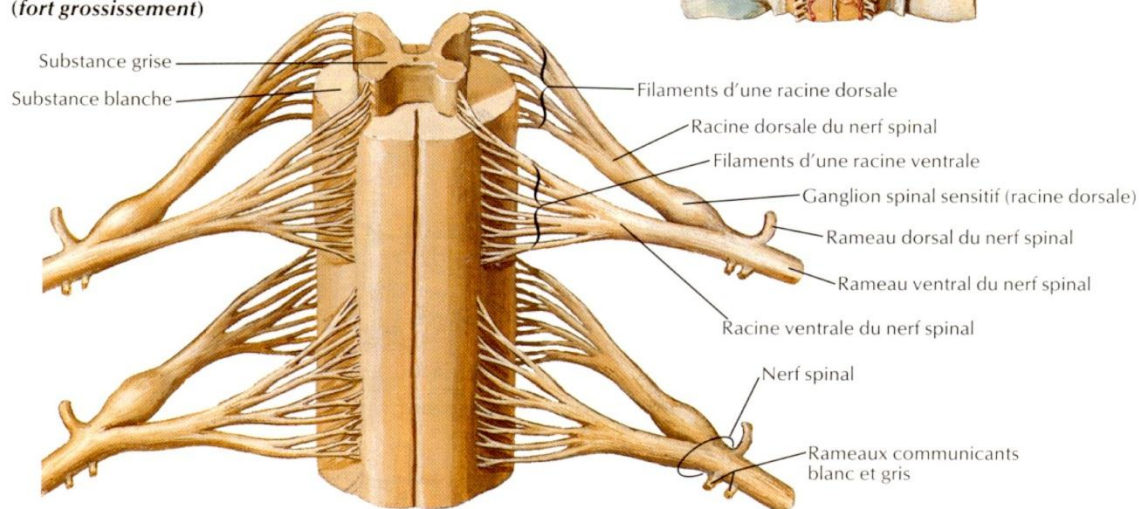






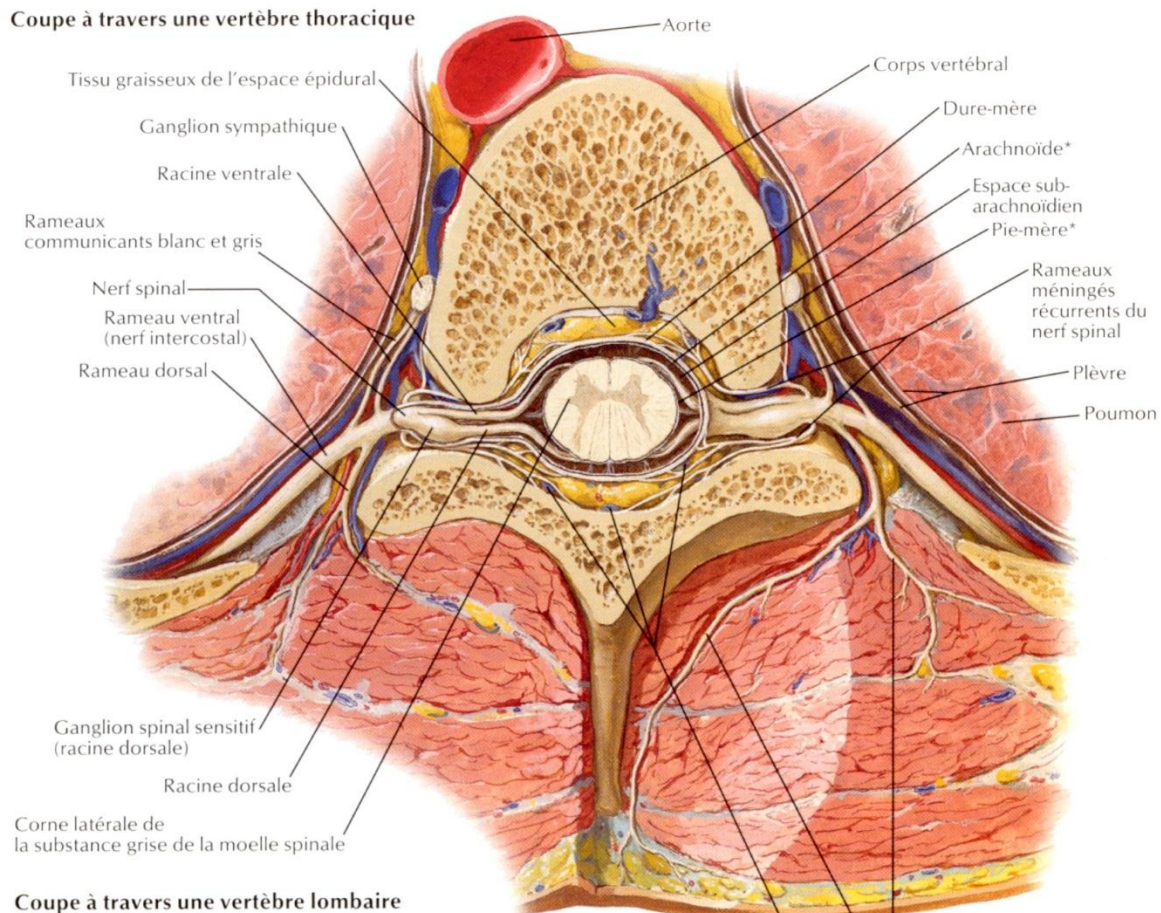




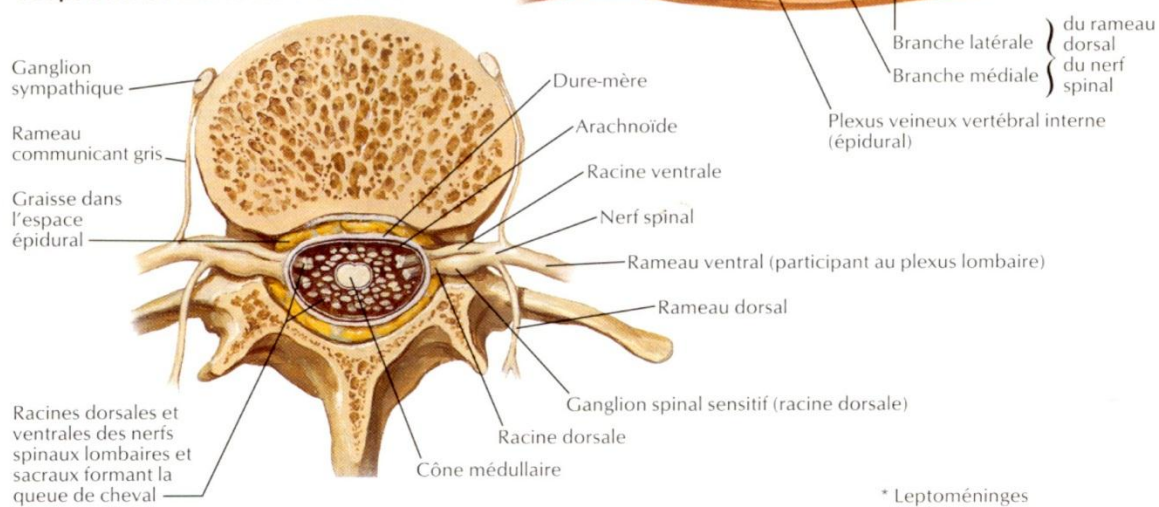
**Vue postérieure****Vue antérieure après résection des membranes  
(fort grossissement)**



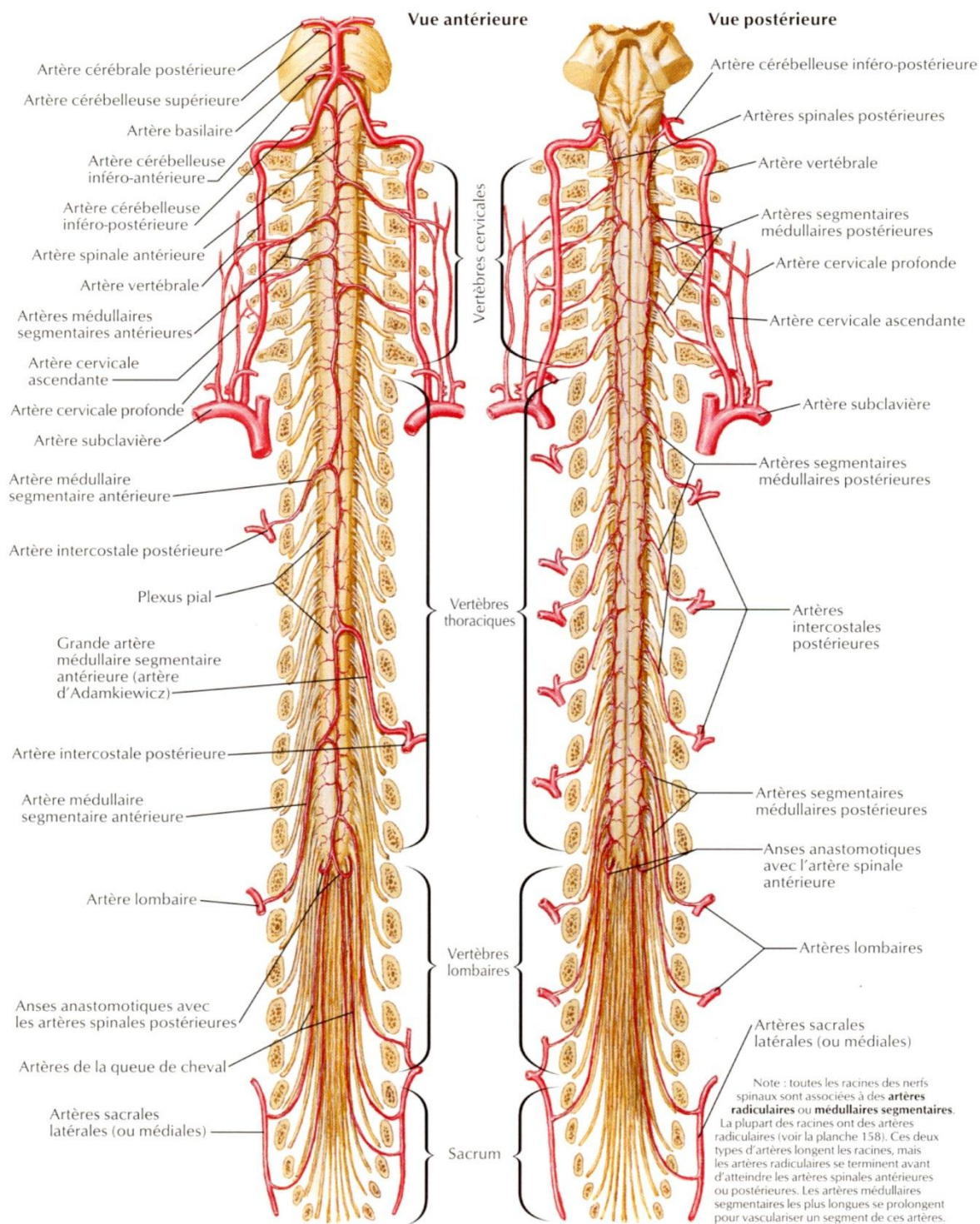
### Coupe à travers une vertèbre thoracique



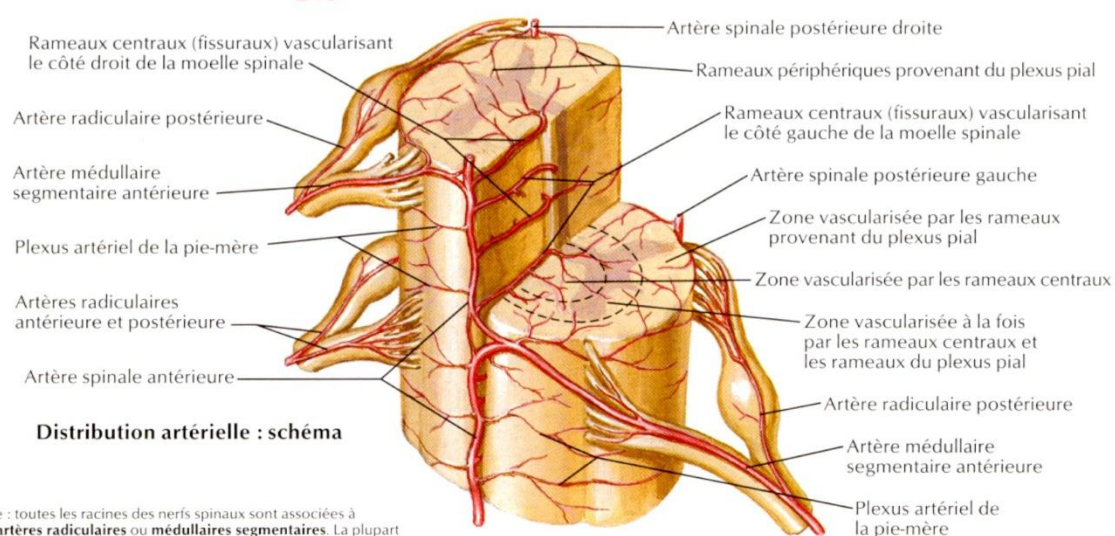
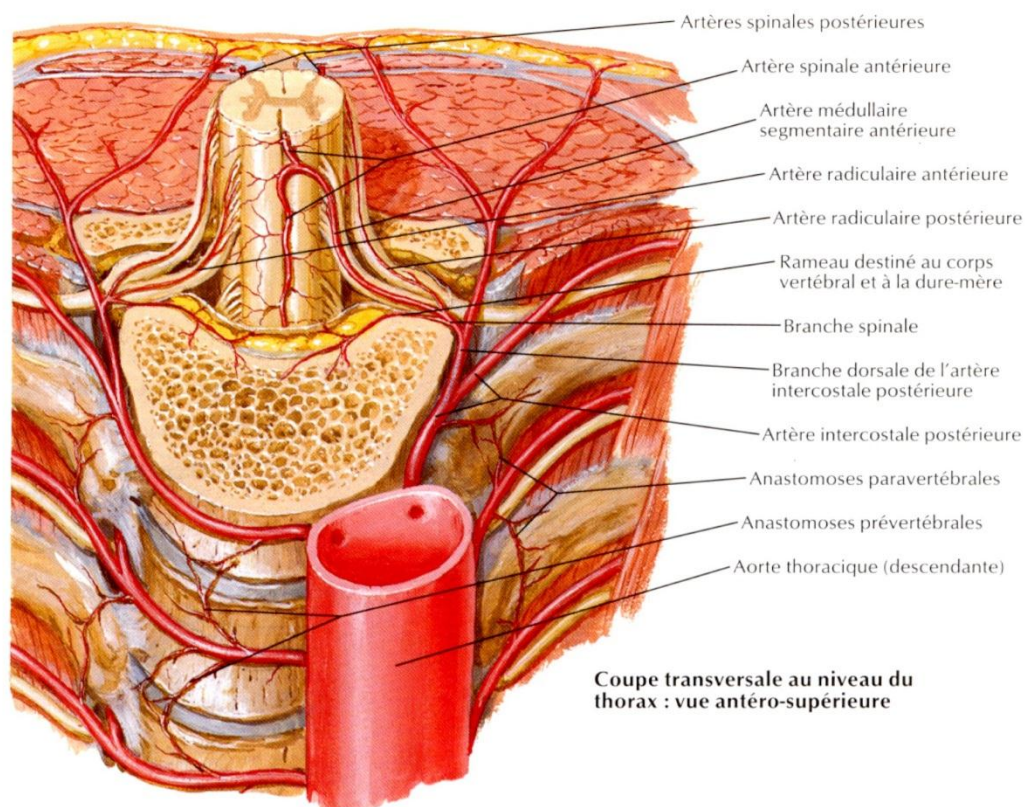
### Coupe à travers une vertèbre lombaire



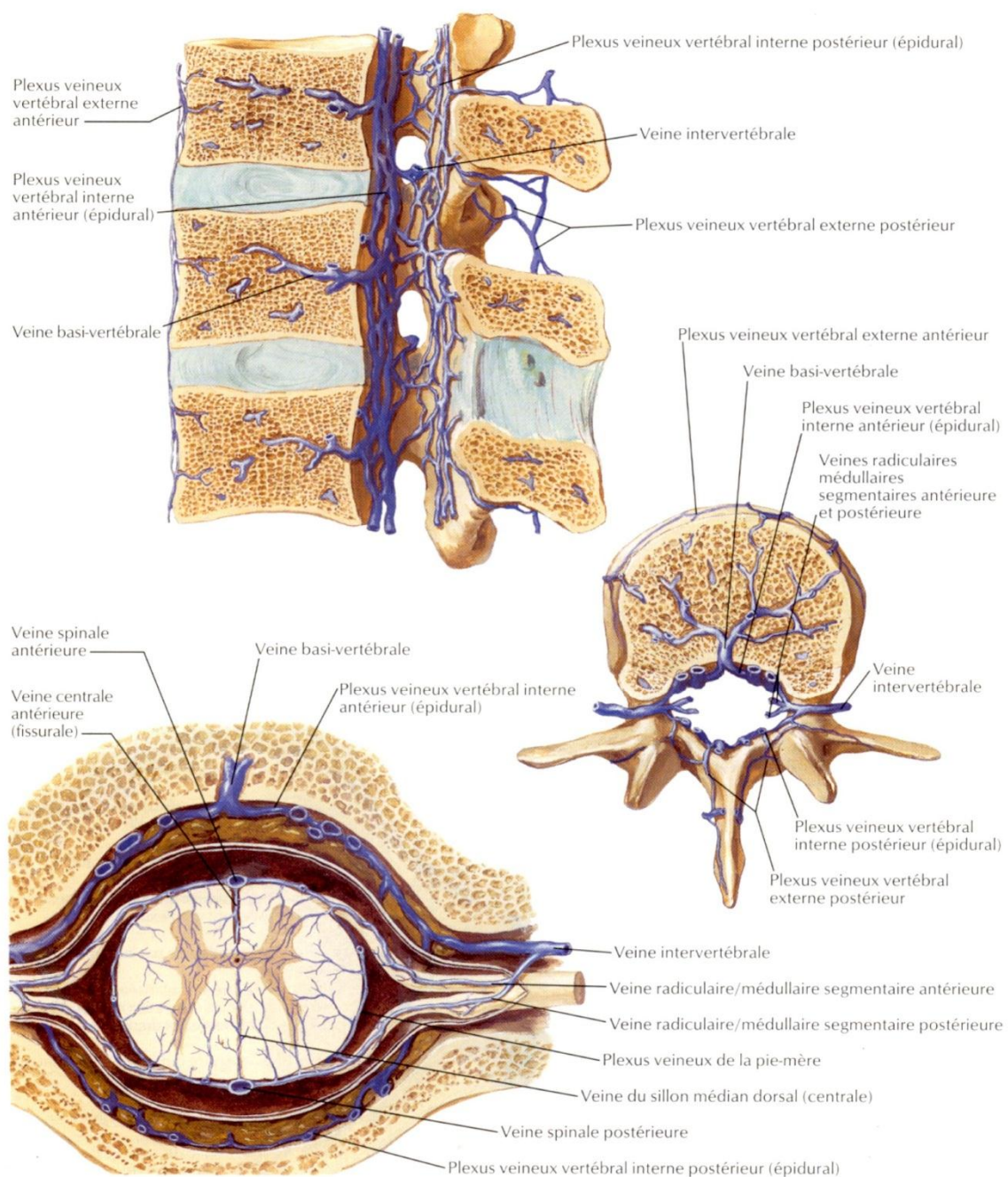
\* Leptoméninges





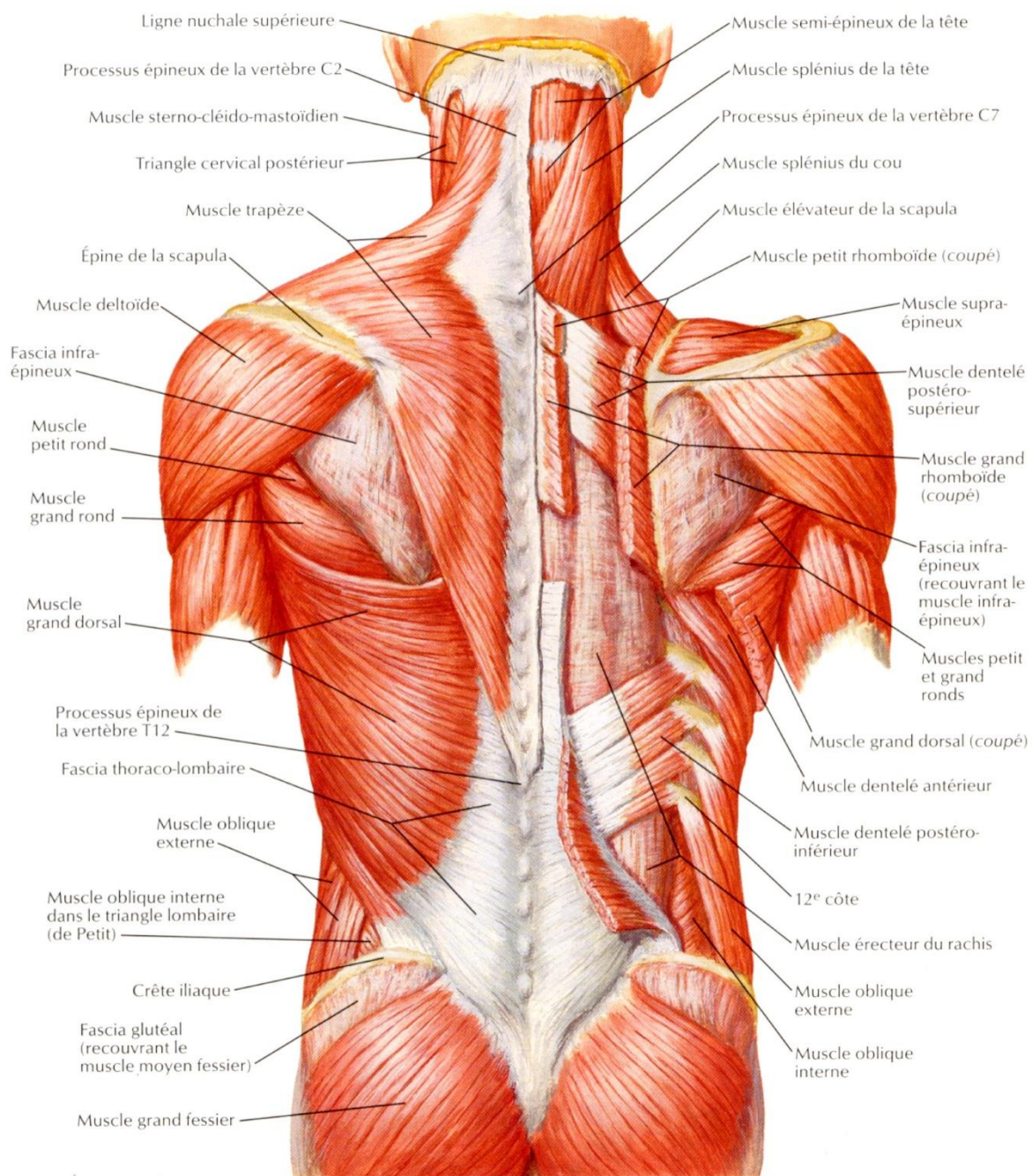


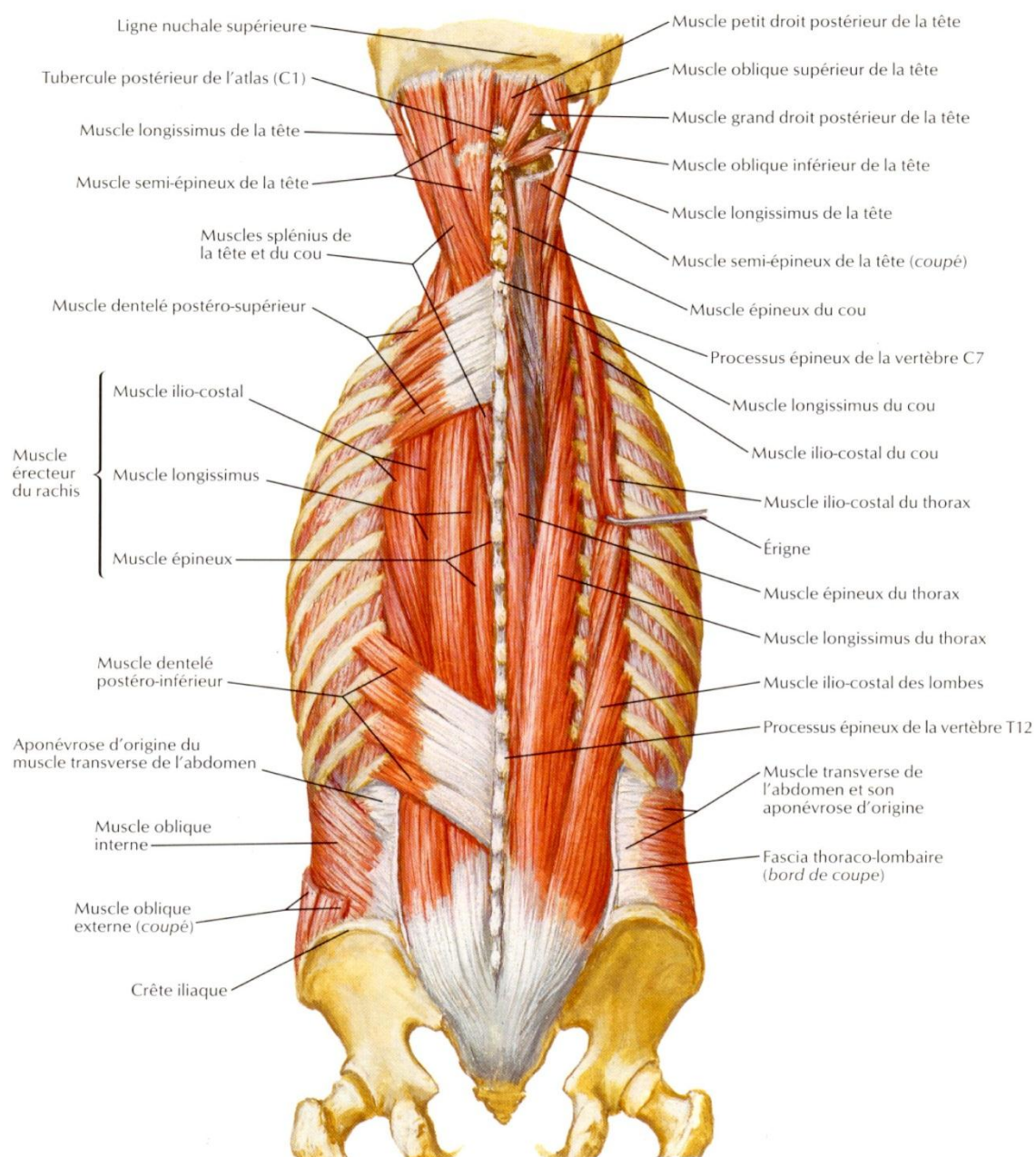
Note : toutes les racines des nerfs spinaux sont associées à des **artères radiculaires** ou **médullaires segmentaires**. La plupart des racines ont des artères radiculaires (voir la planche 158). Ces deux types d'artères longent les racines, mais les artères radiculaires se terminent avant d'atteindre les artères spinales antérieures ou postérieures. Les artères médullaires segmentaires les plus longues se prolongent pour vasculariser un segment de ces artères.



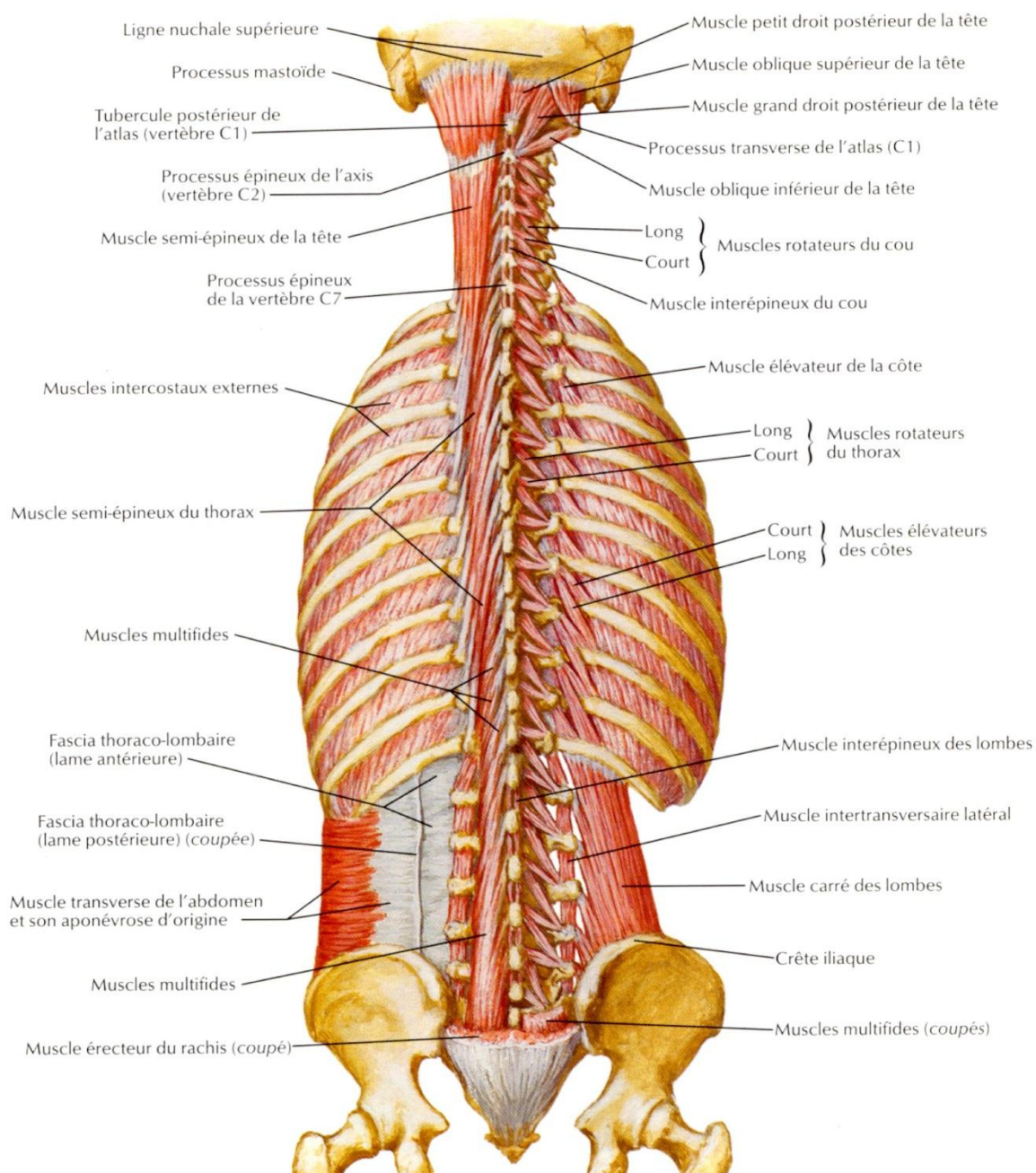


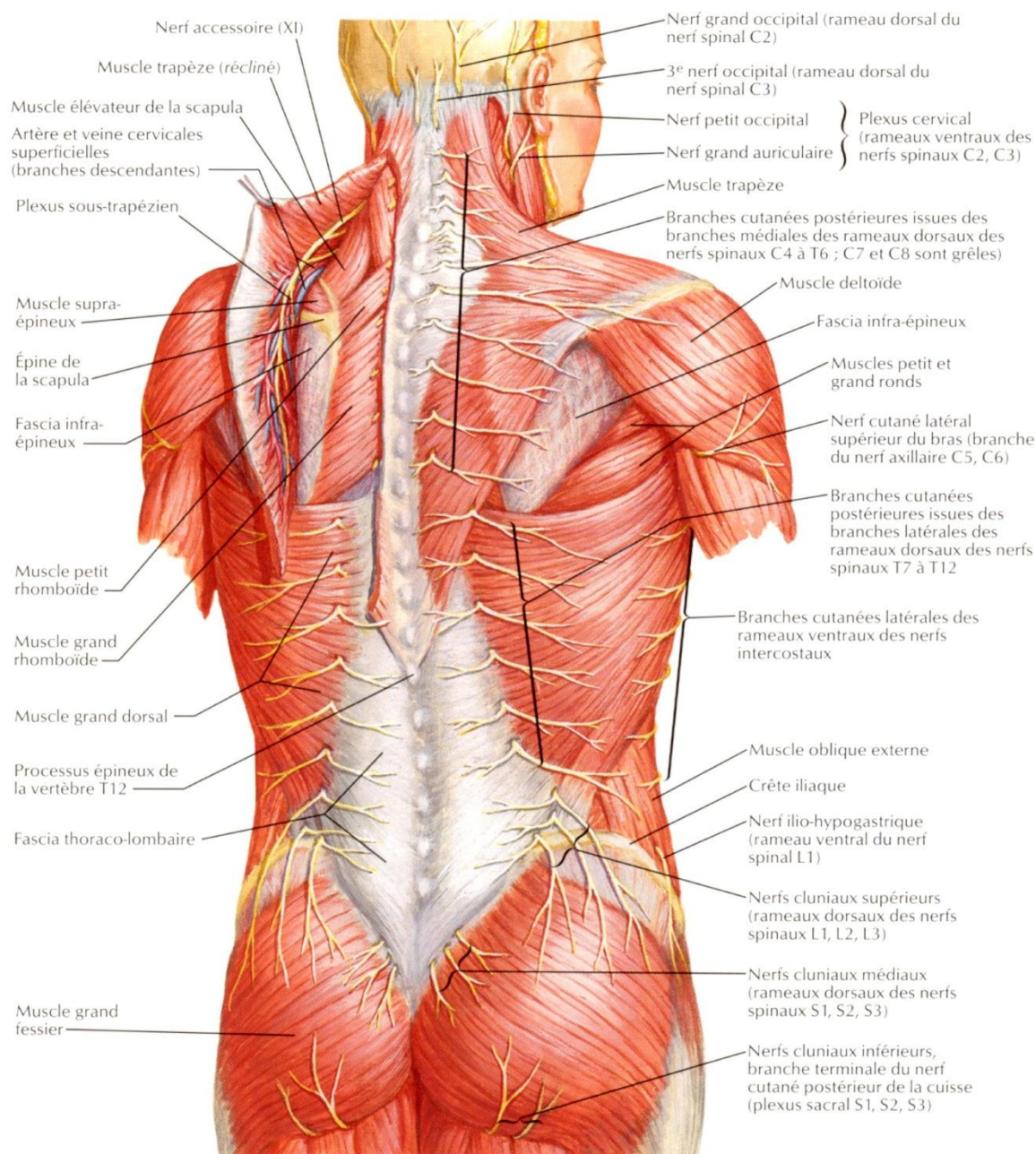
### c. Muscles et nerfs



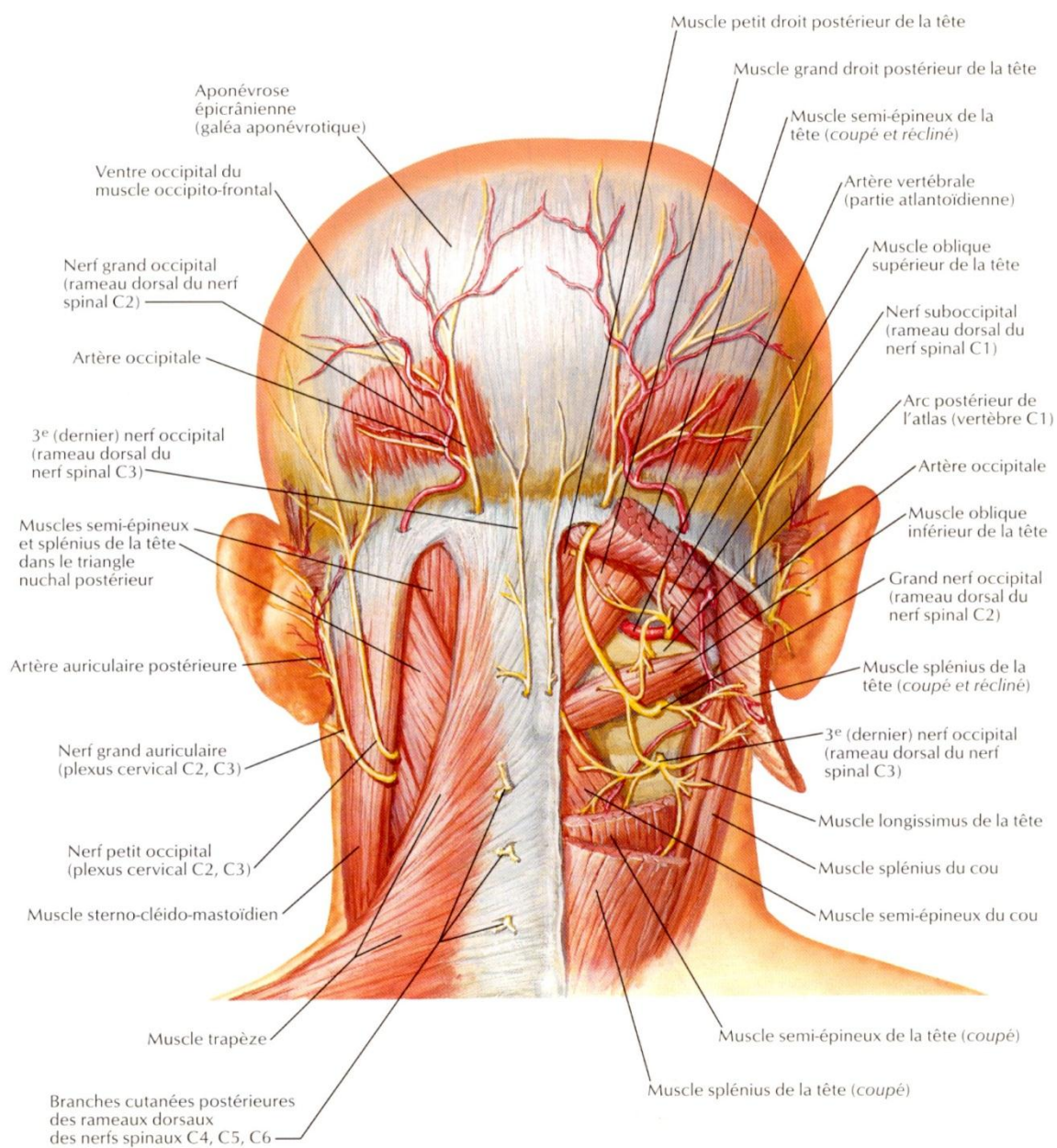


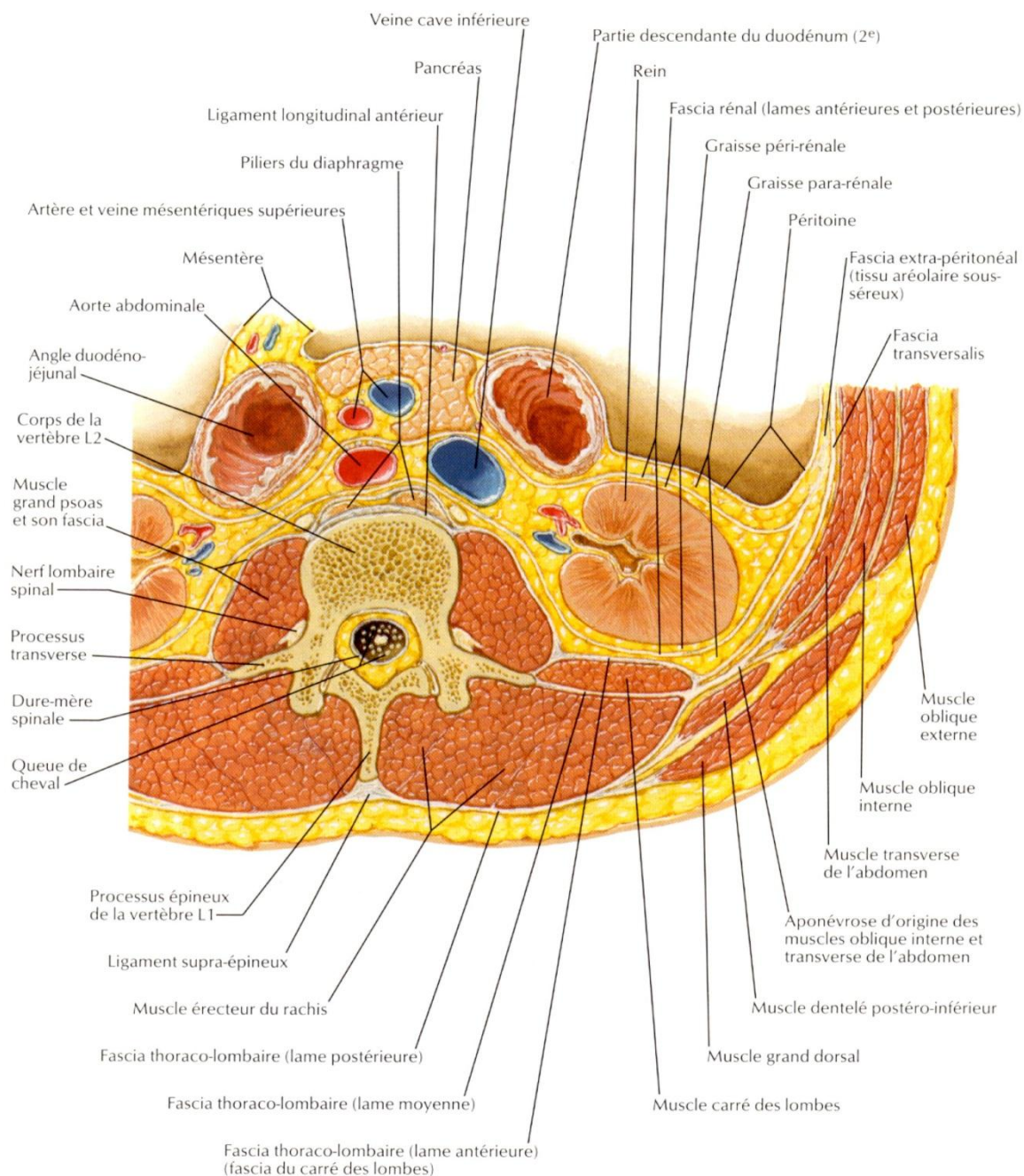




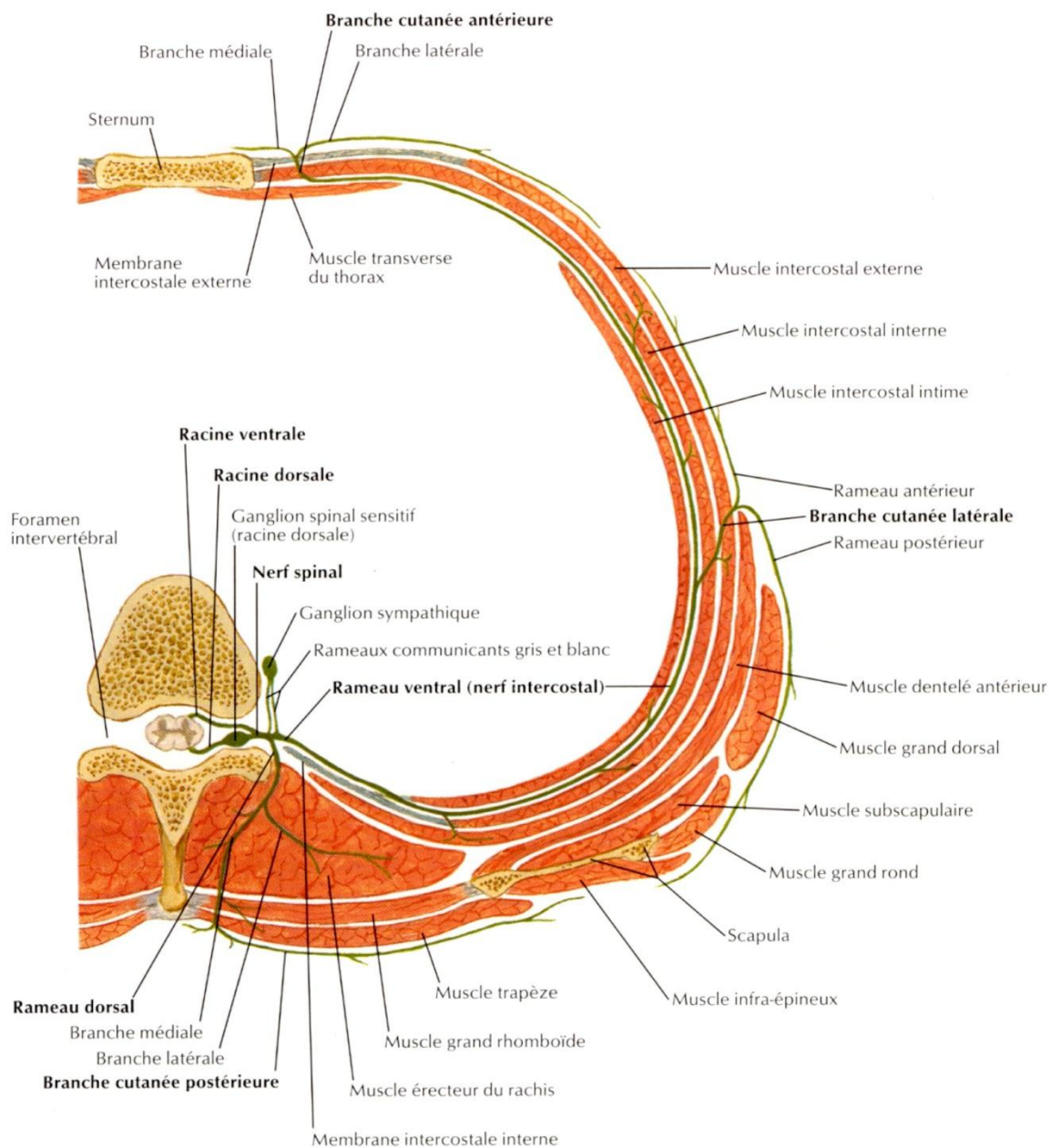












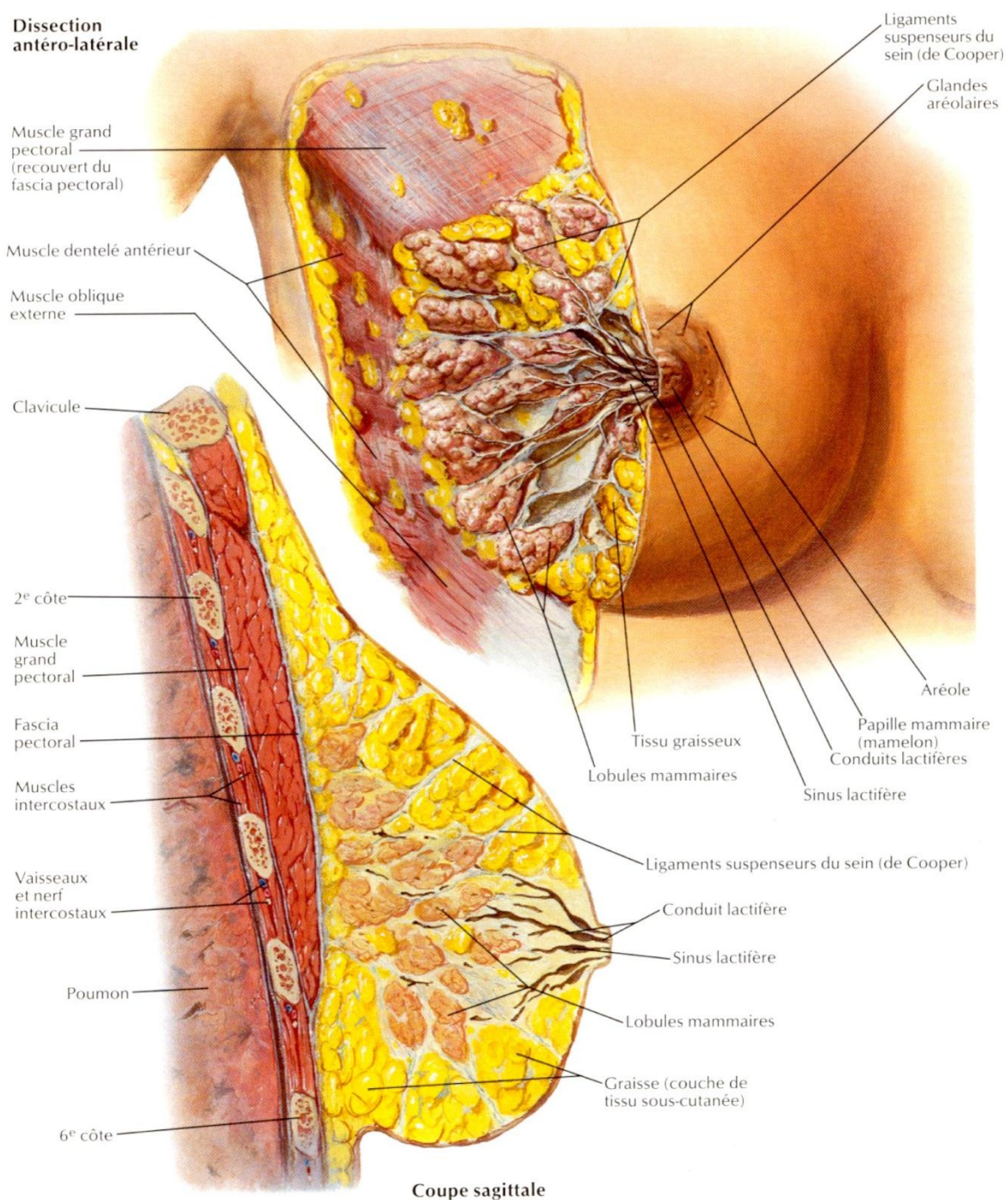
Note : dans la partie inférieure du thorax la branche latérale du rameau dorsal est plus longue, motrice et cutanée ; la branche médiale est plus courte et uniquement motrice.

## **Section 3 – Thorax**

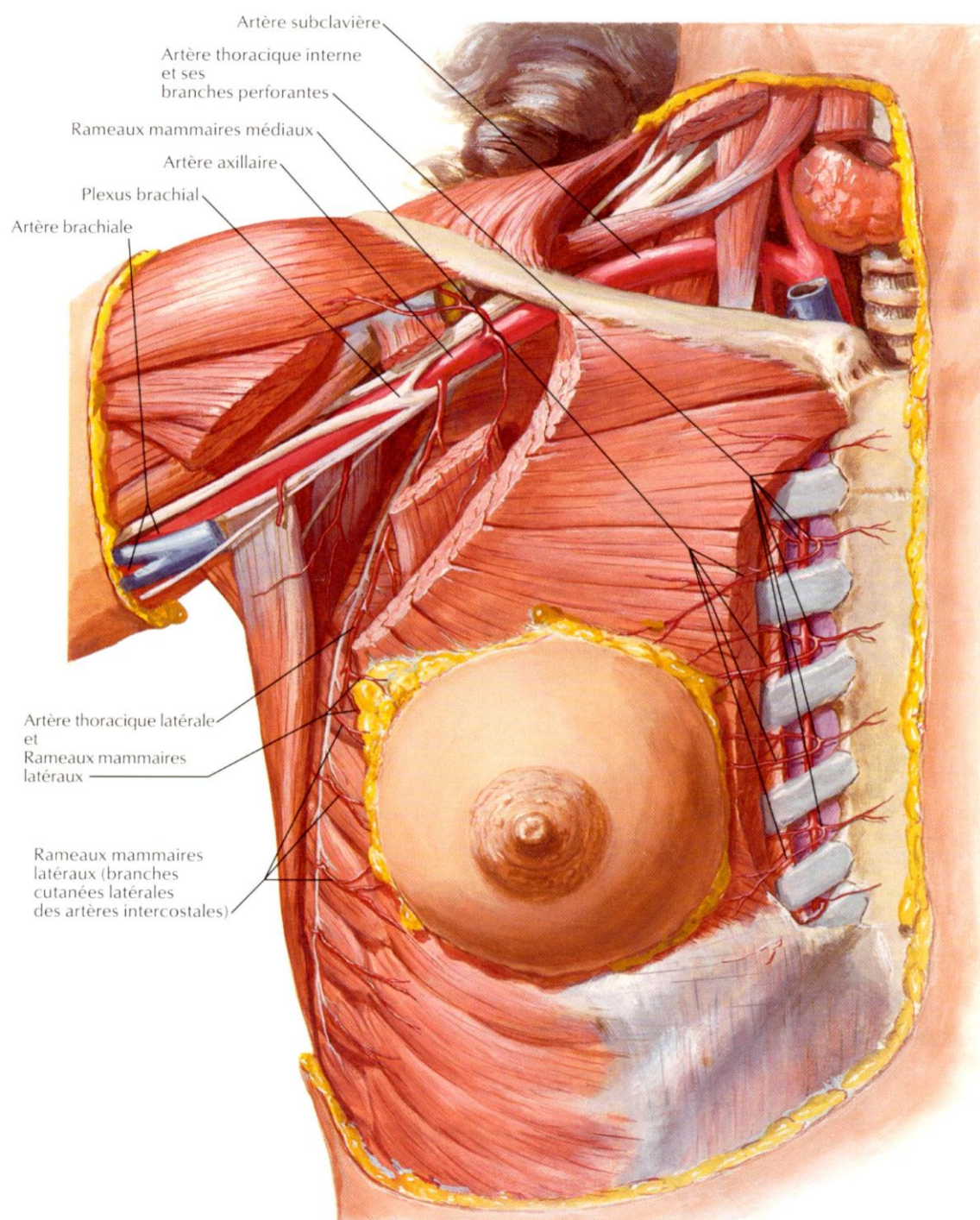


## a. Glande mammaire

### Dissection antéro-latérale

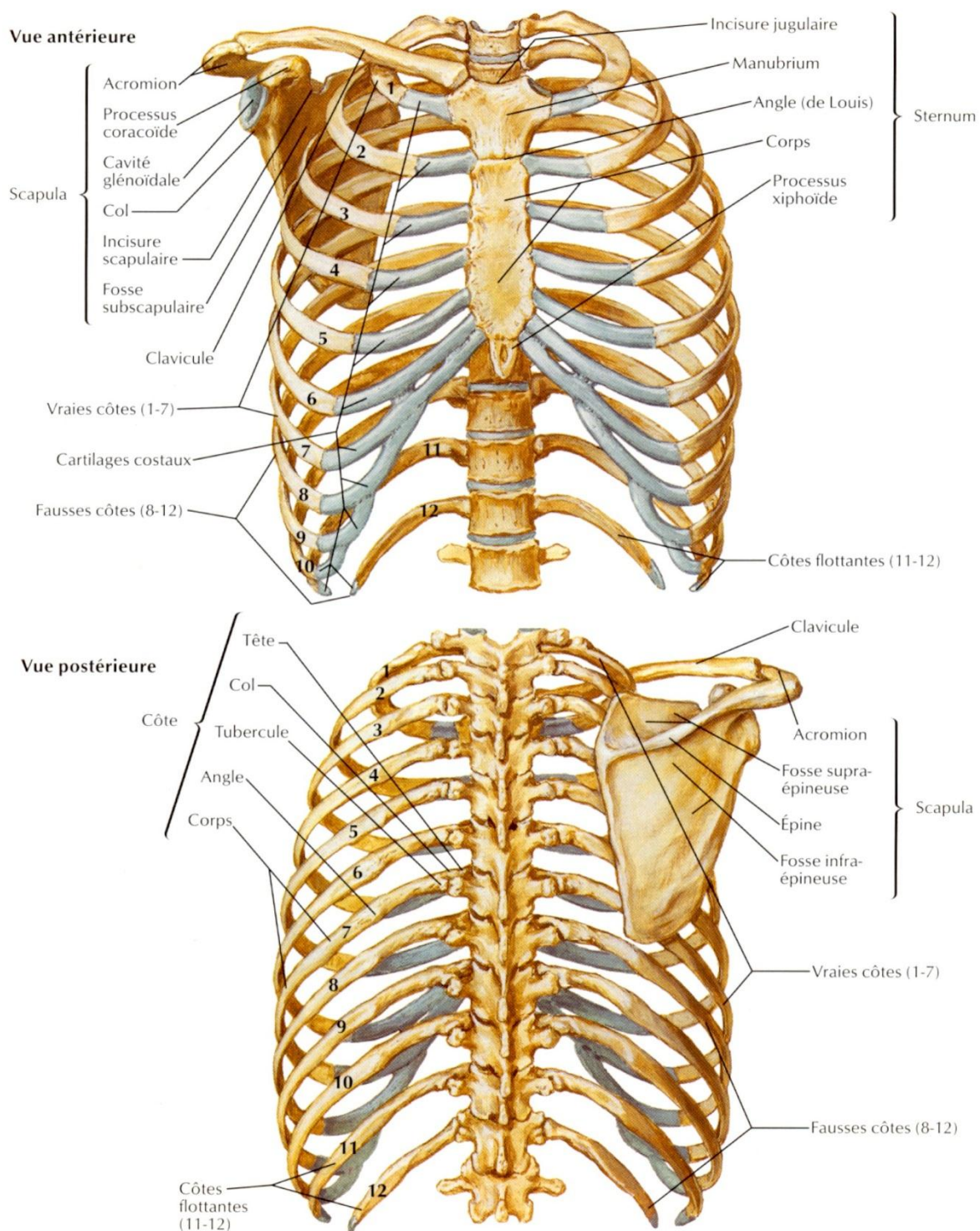


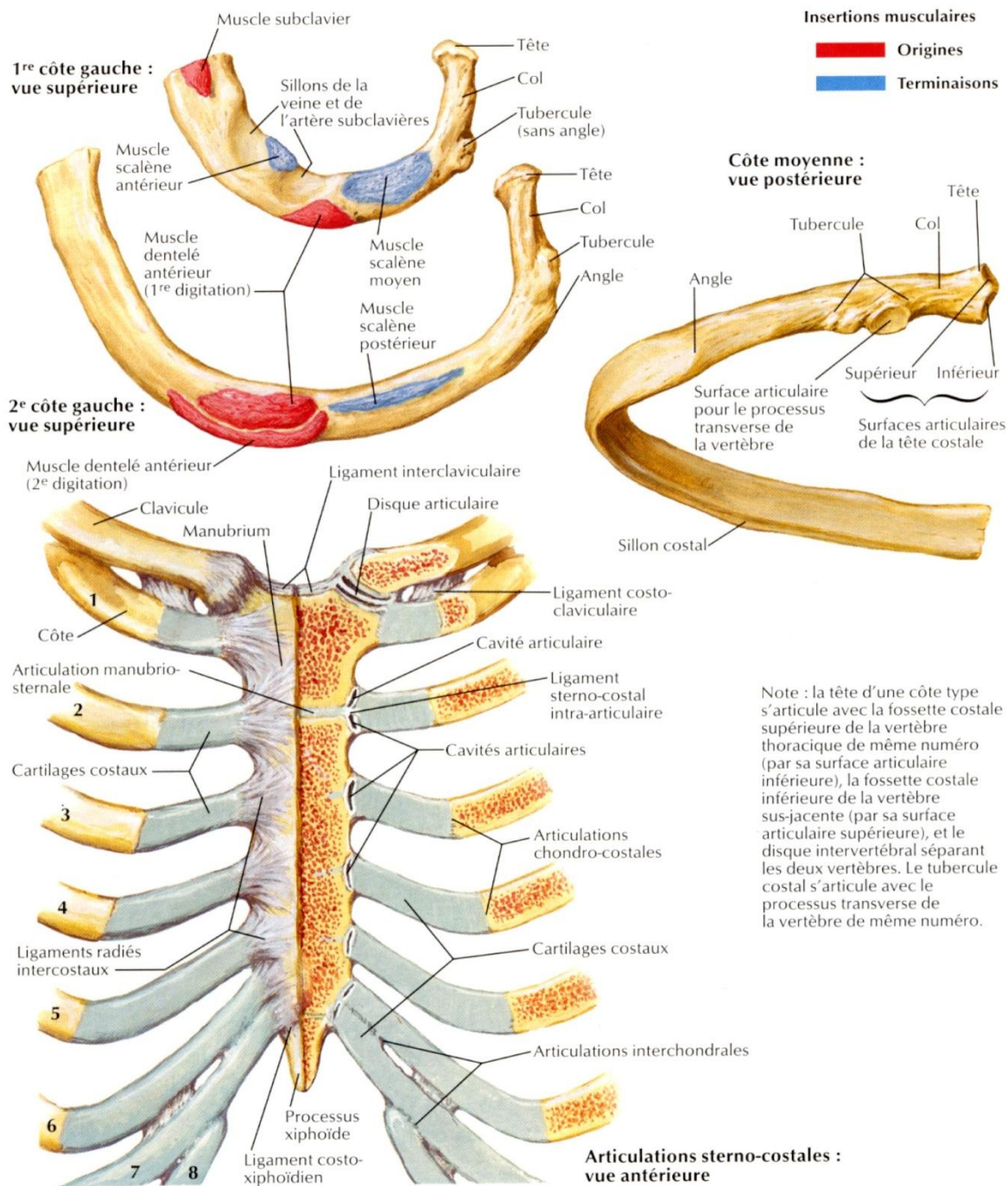




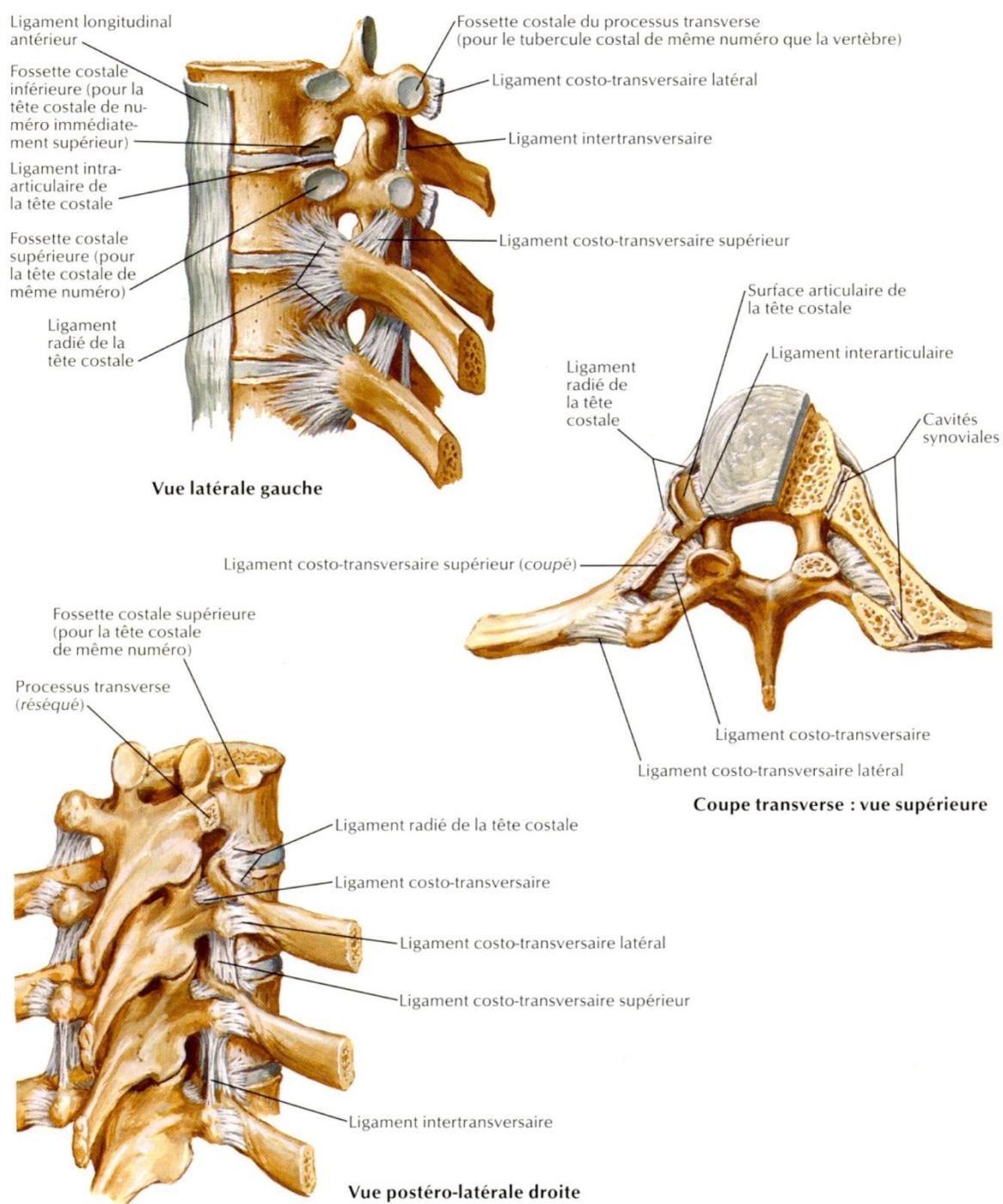


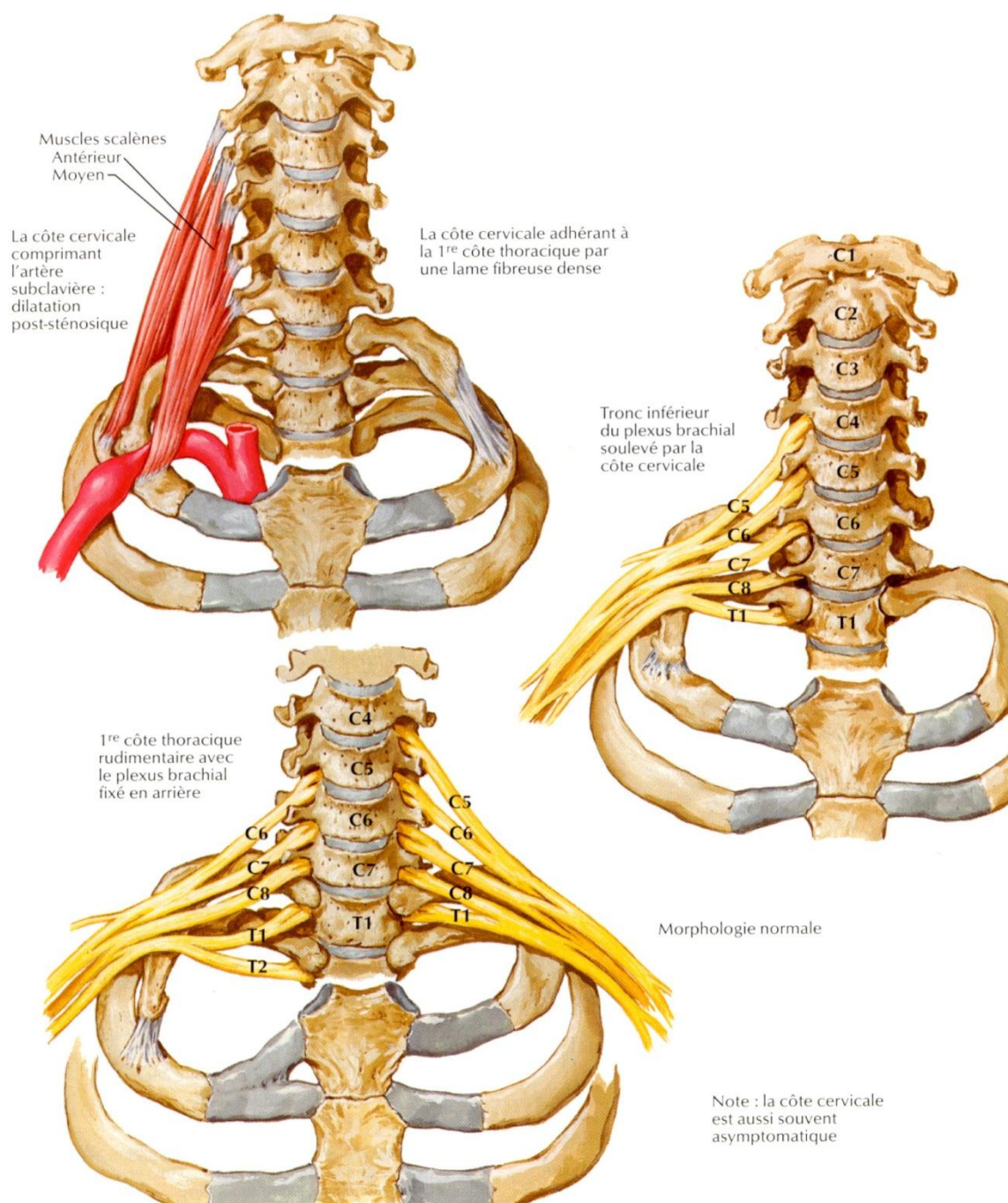
## b. Paroi du corps



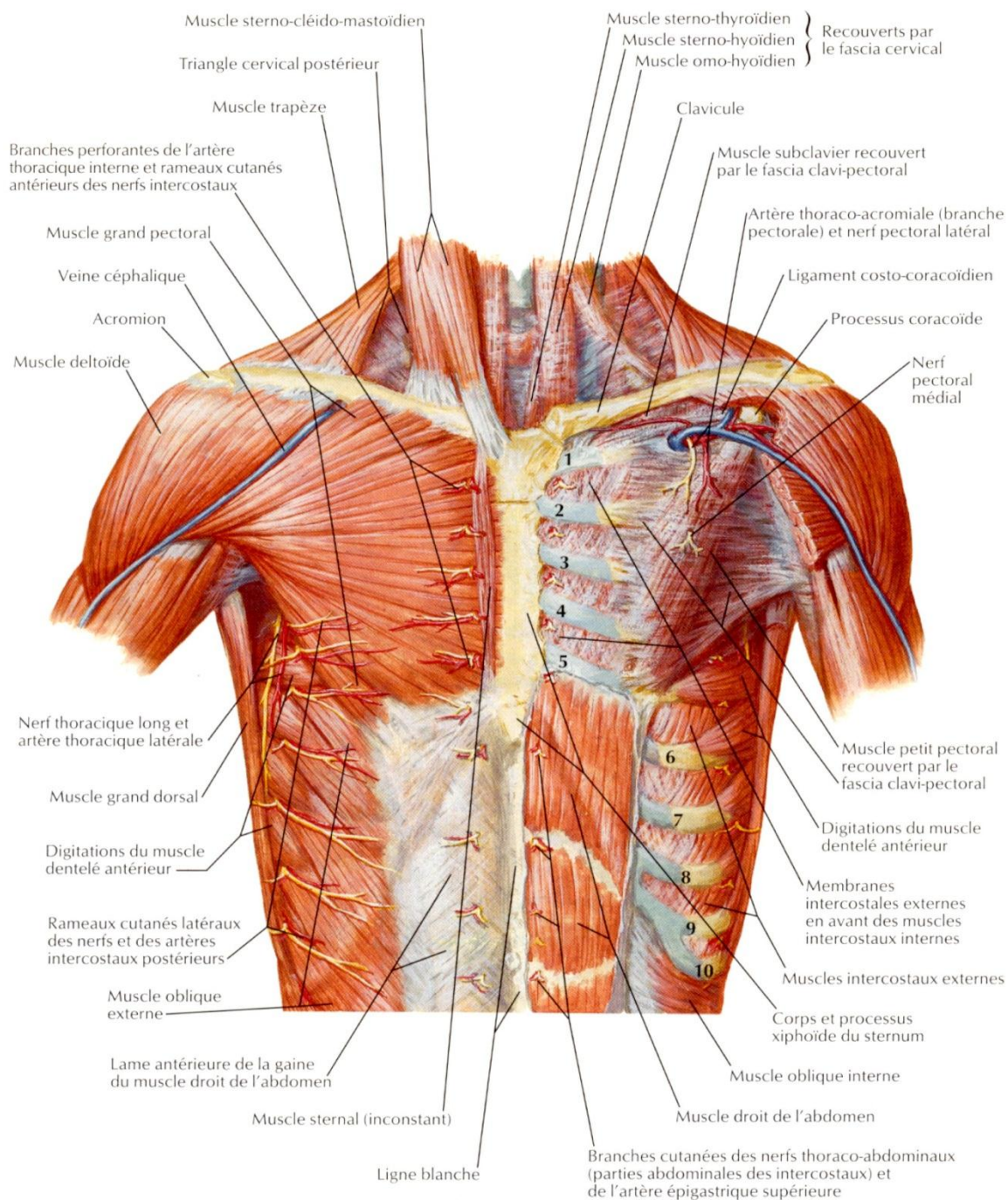


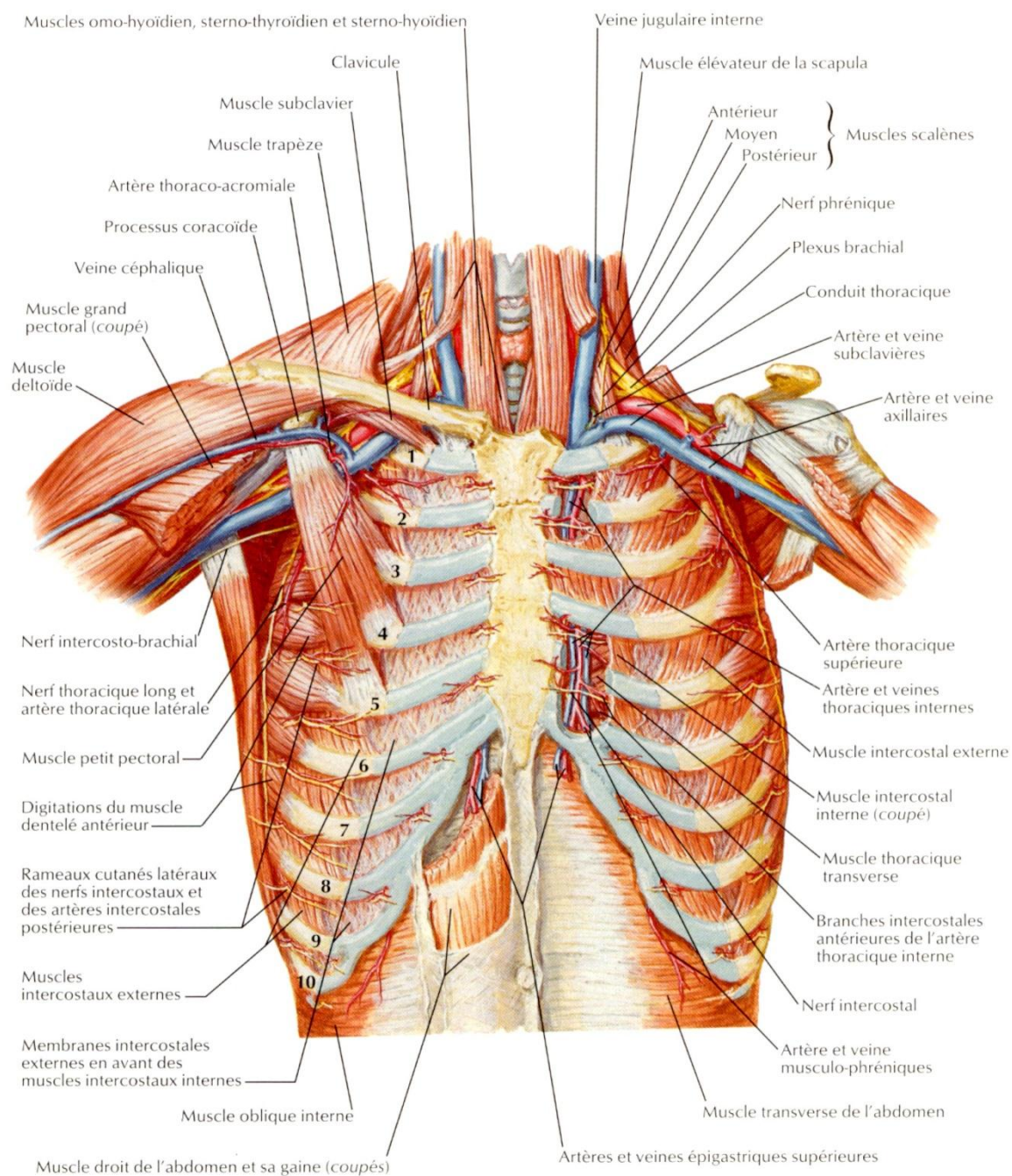




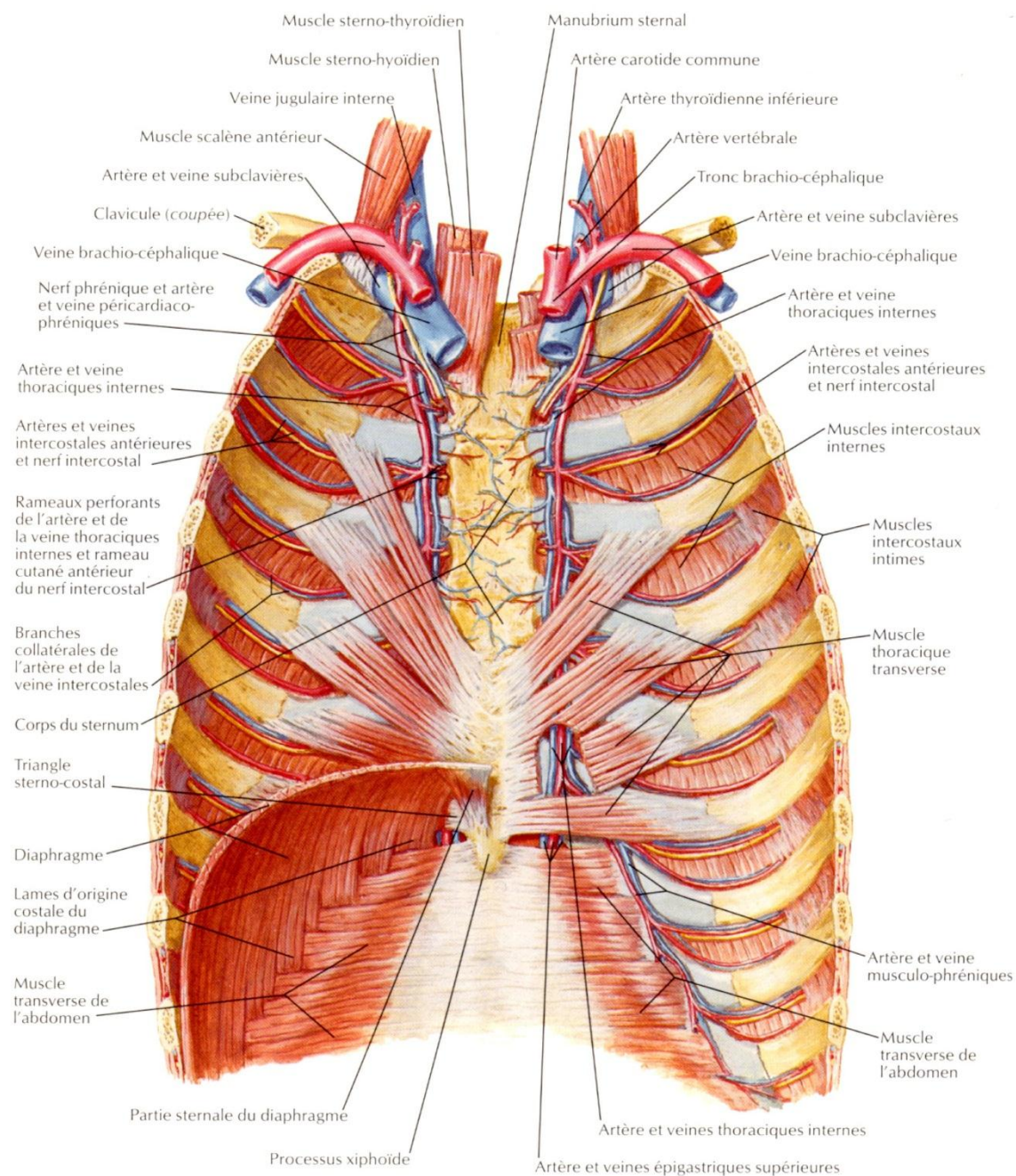


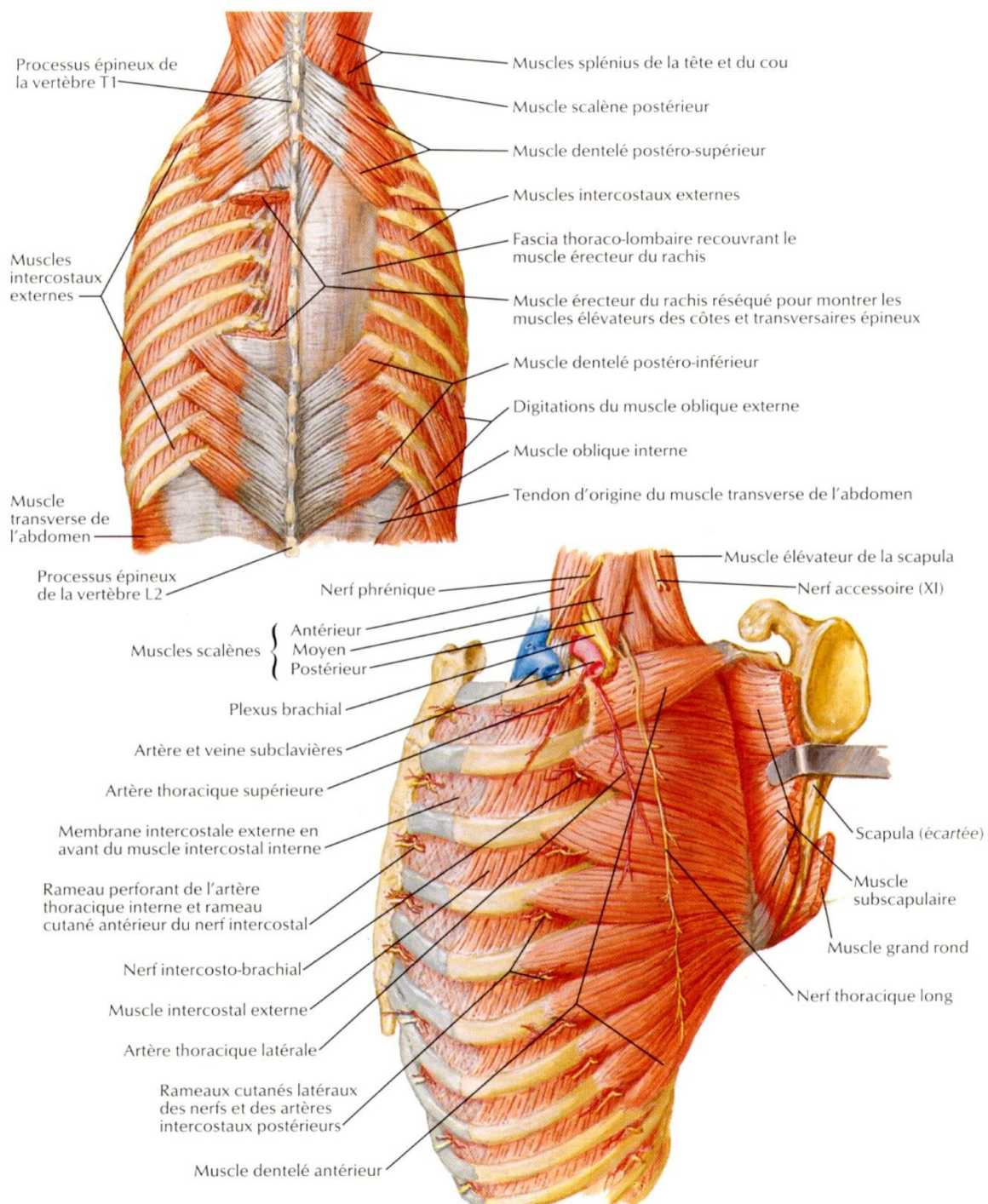




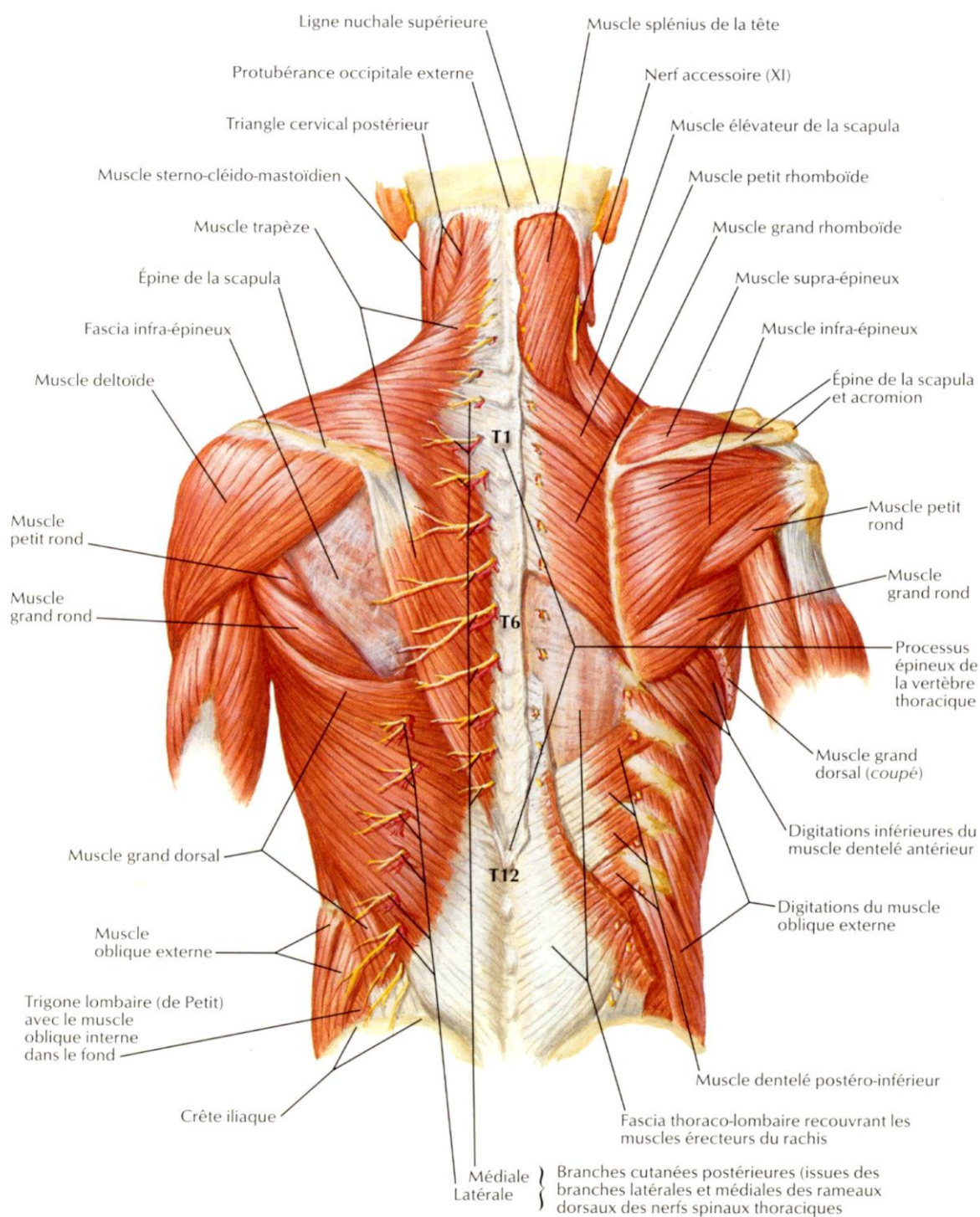


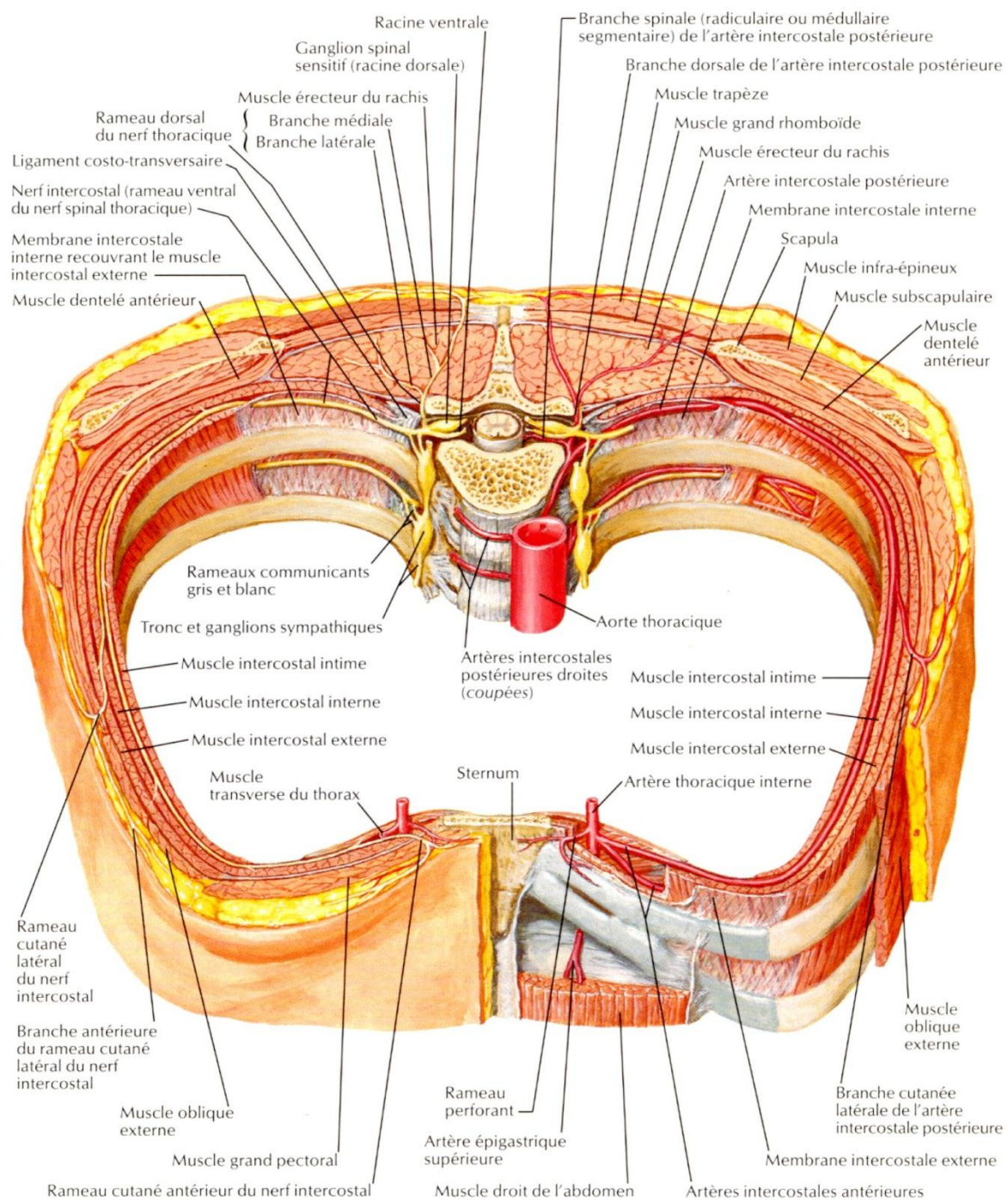




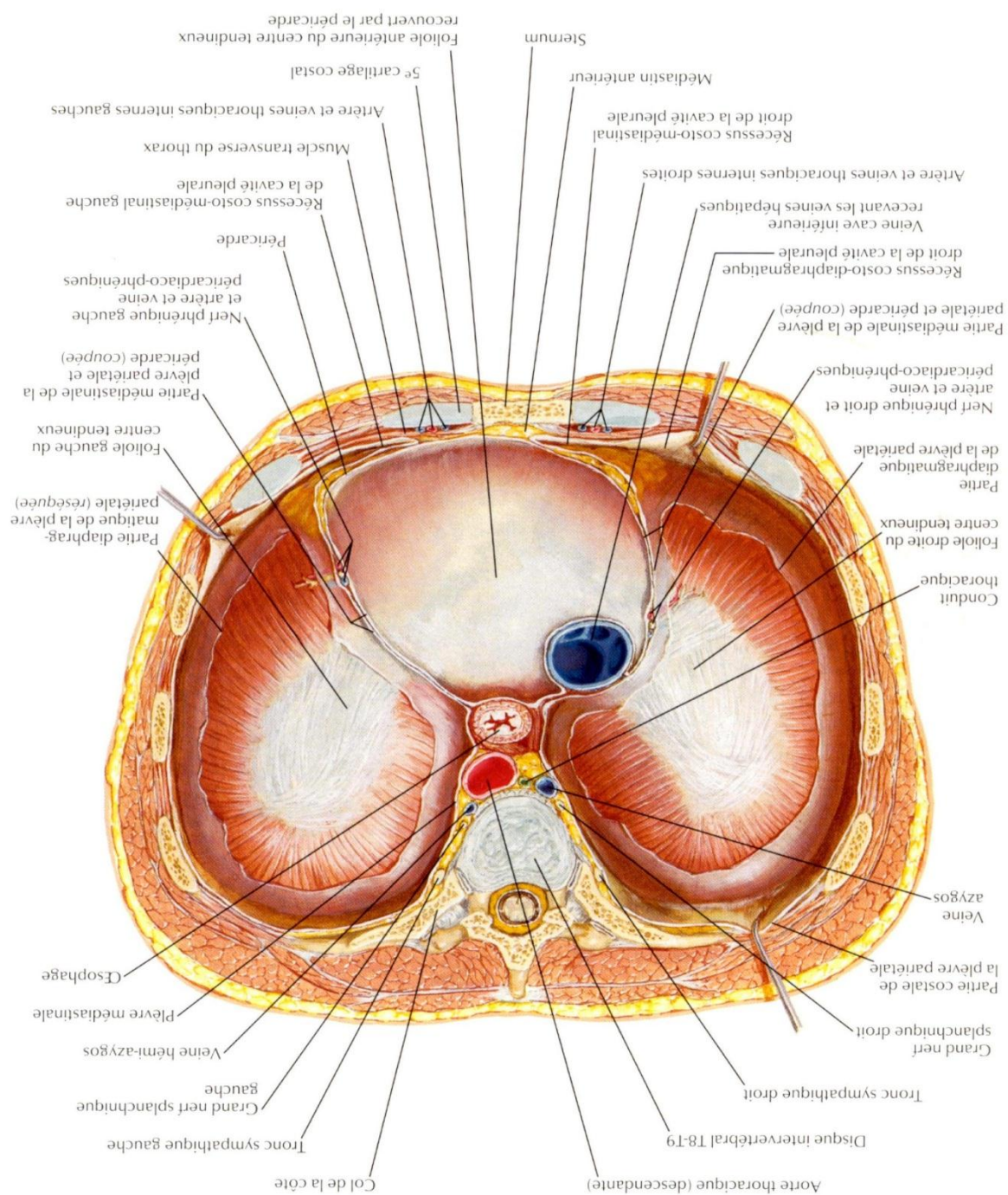


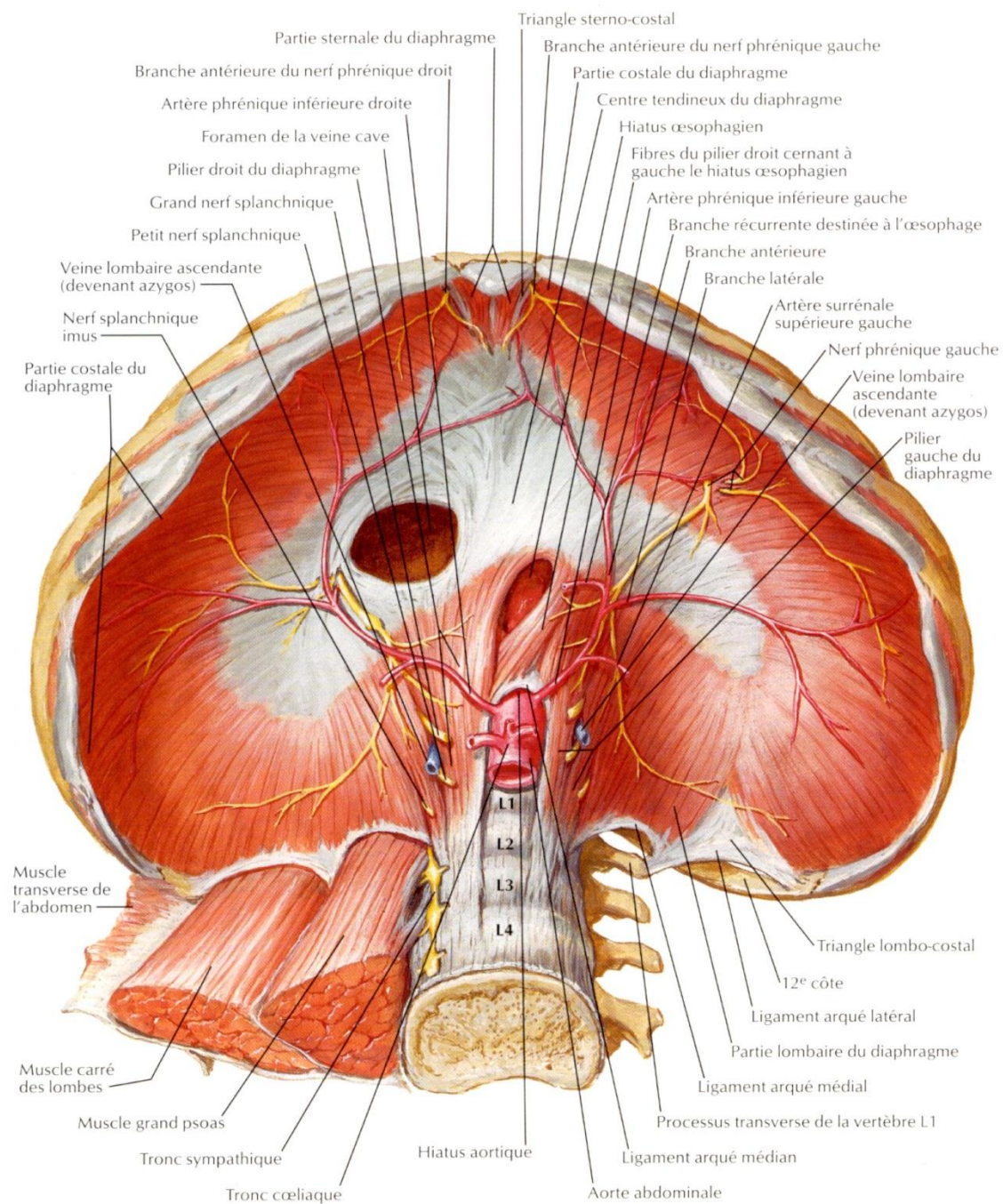




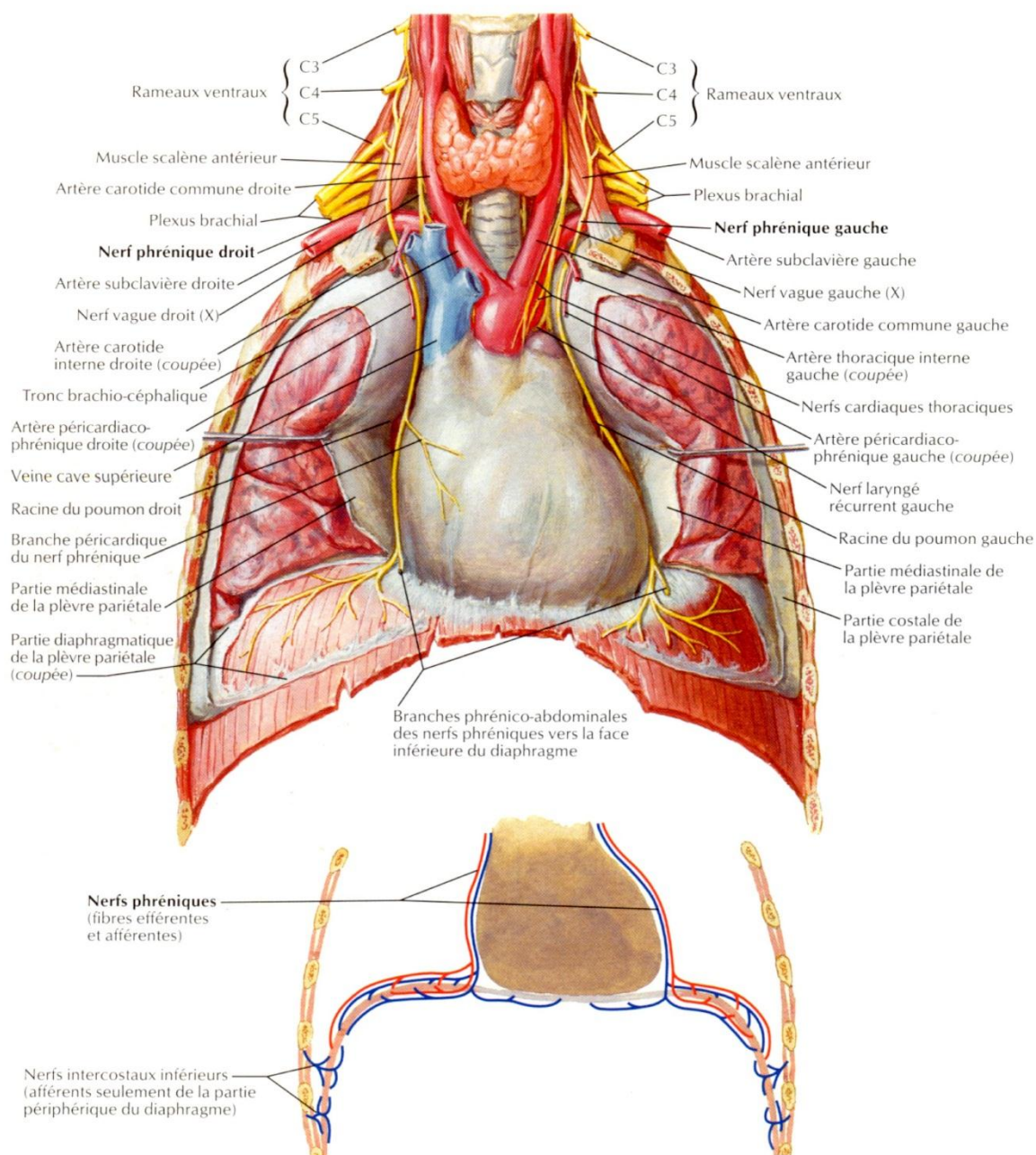












## Muscles de l'inspiration

### Accessoires

Sterno-cléido-mastoïdien  
(élève le sternum)

Scalènes

Antérieur

Moyen

Postérieur

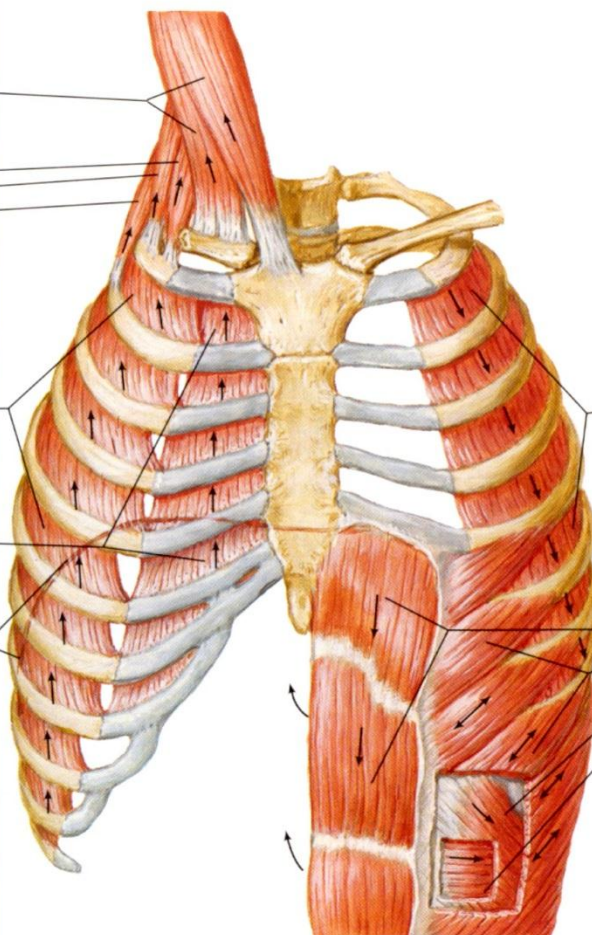
(élèvent et fixent les  
côtes supérieures)

### Principaux

Intercostaux externes  
(élèvent les côtes  
accroissant ainsi la  
largeur de la cage  
thoracique)

Partie interchondrale  
des intercostaux internes  
(élève aussi les côtes)

Diaphragme  
(les coupes s'abaissent,  
augmentant ainsi la  
dimension verticale de  
la cavité thoracique ;  
élevant aussi les côtes  
inférieures)



## Muscles de l'expiration

### Respiration normale

L'expiration résulte d'une  
rétraction passive des  
poumons et de la cage  
thoracique

### Respiration rapide

Intercostaux internes,  
sauf la partie  
interchondrale

De l'abdomen (abaissent  
les côtes inférieures,  
compriment les viscères  
abdominaux, faisant ainsi  
remonter le diaphragme)

Droit de l'abdomen

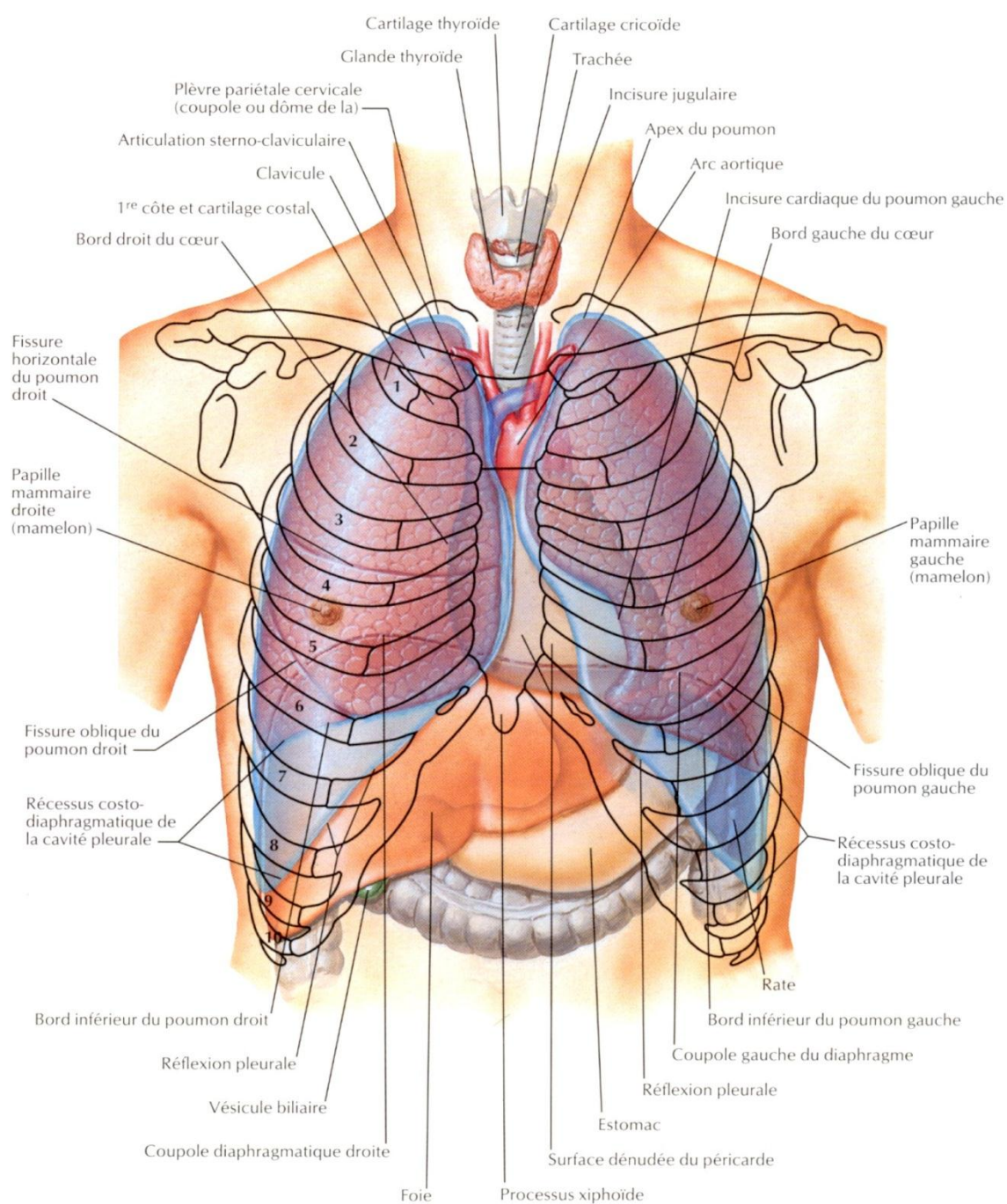
Oblique externe

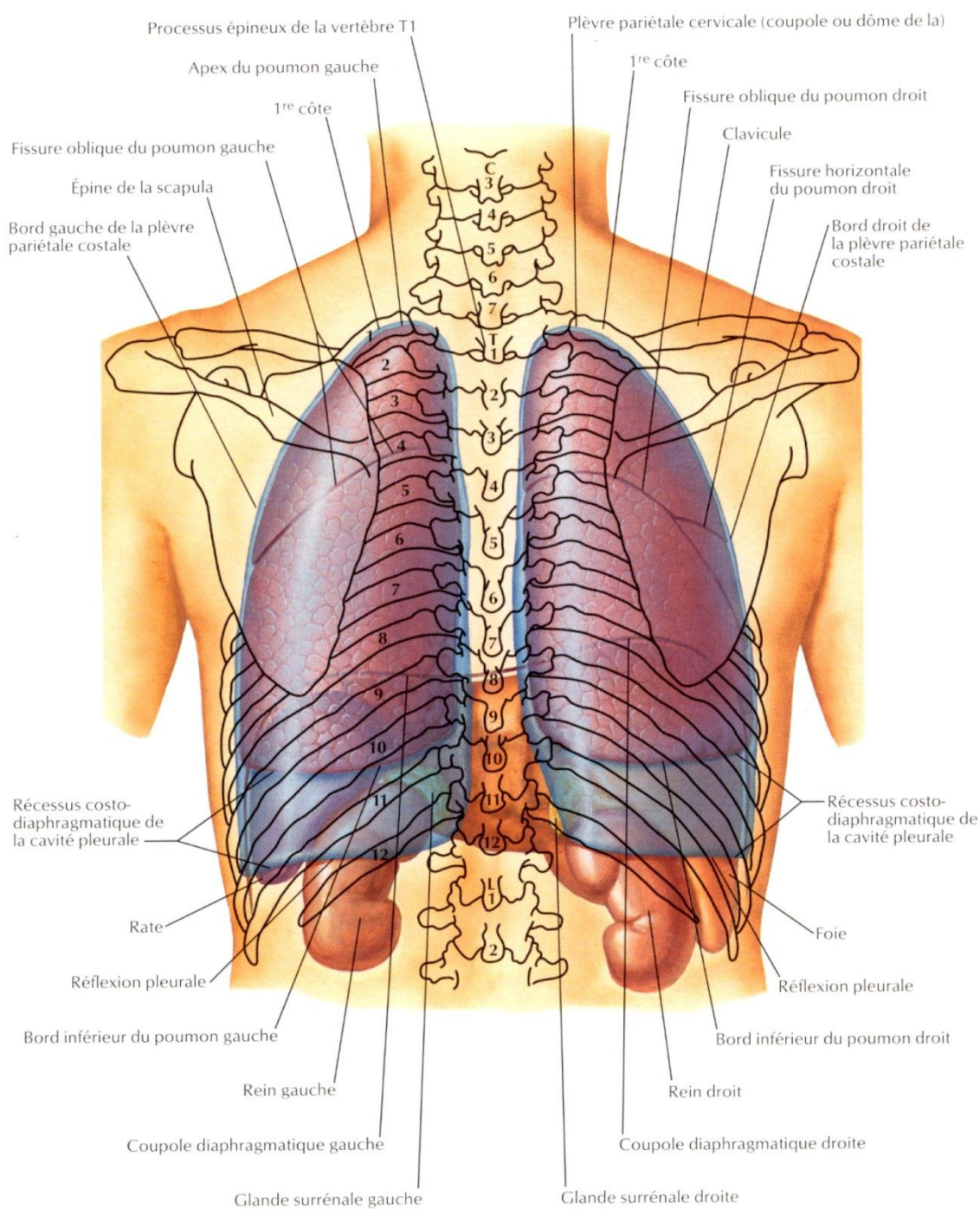
Oblique interne

Transverse de  
l'abdomen

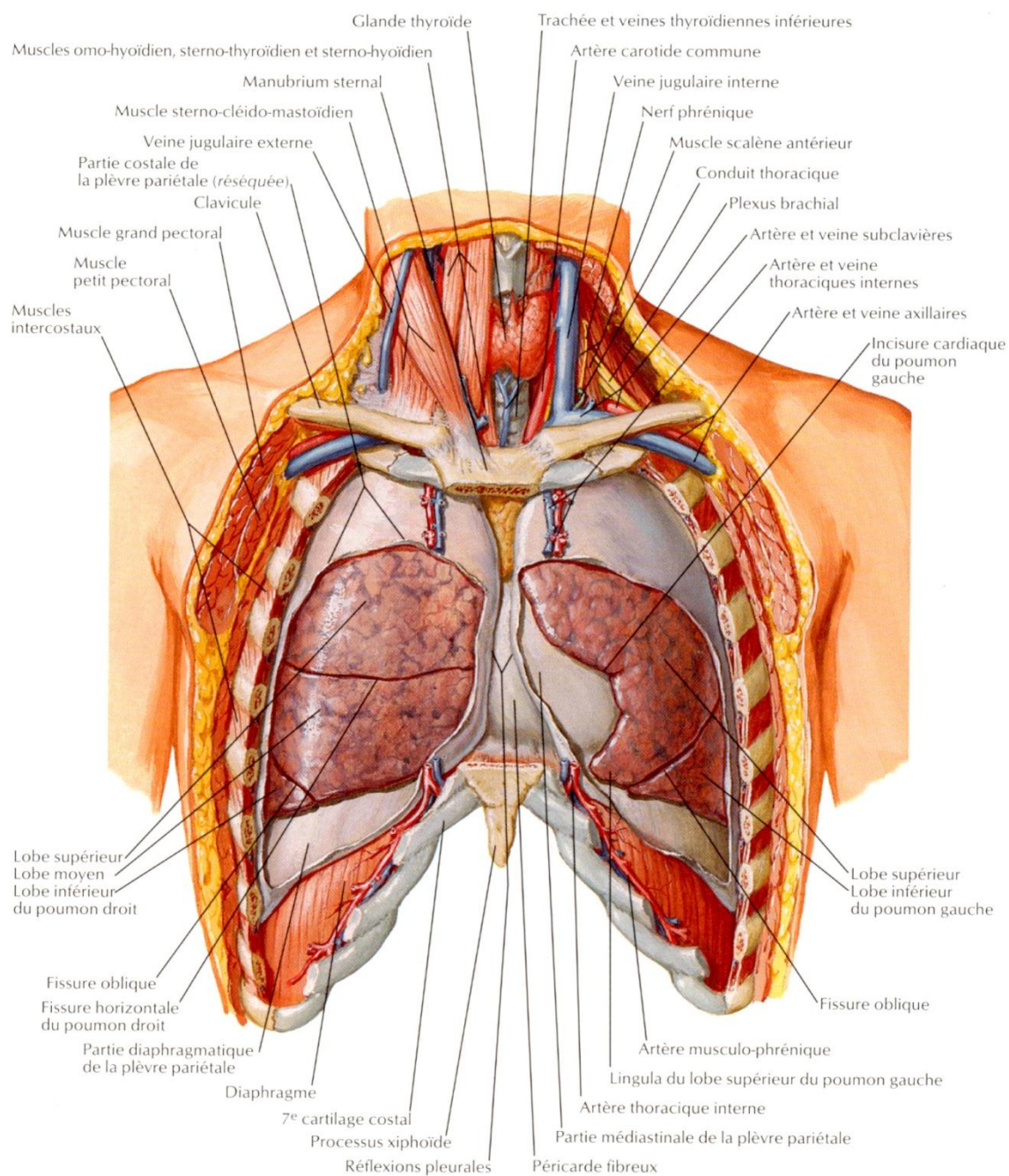


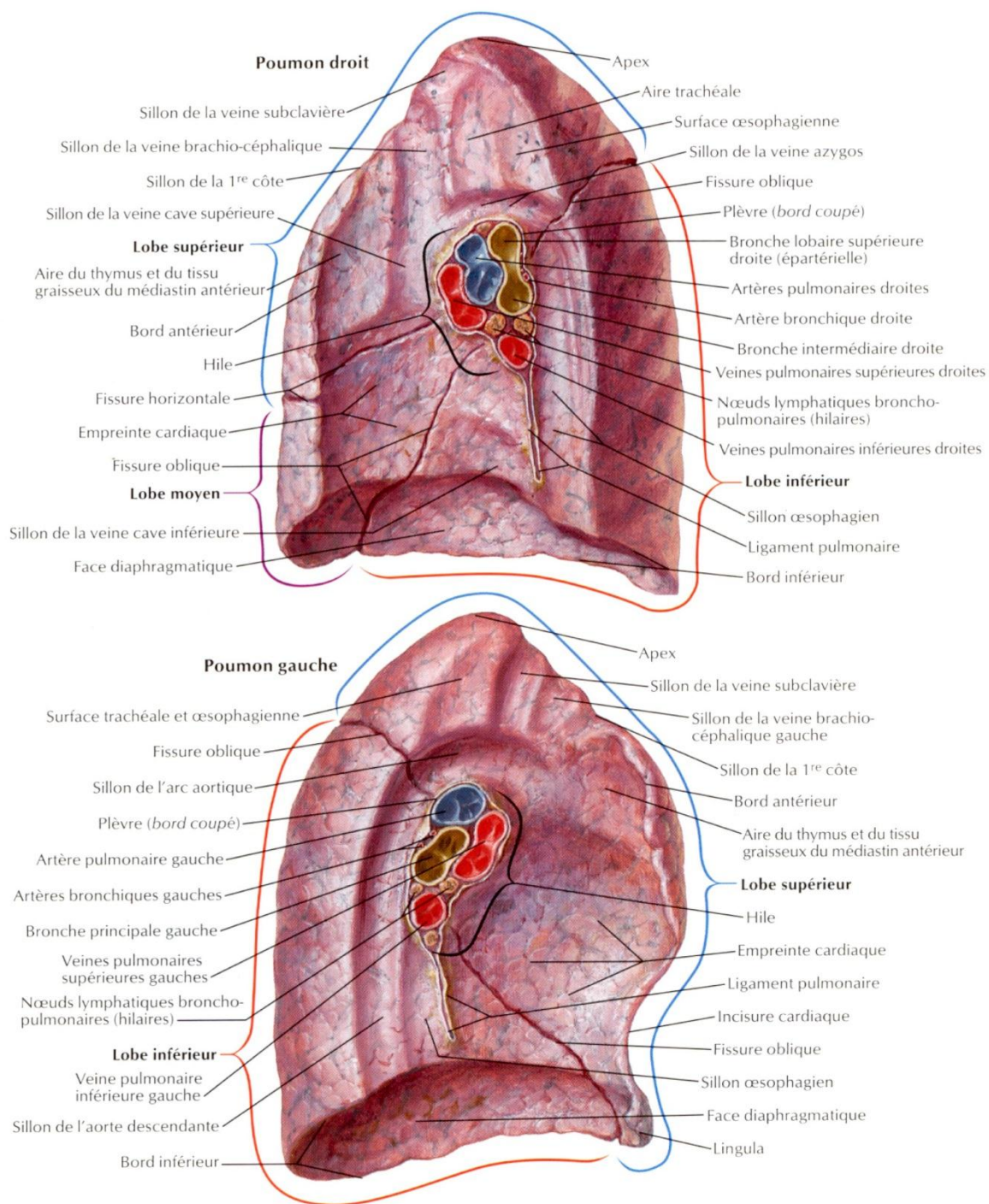
## c. Poumons



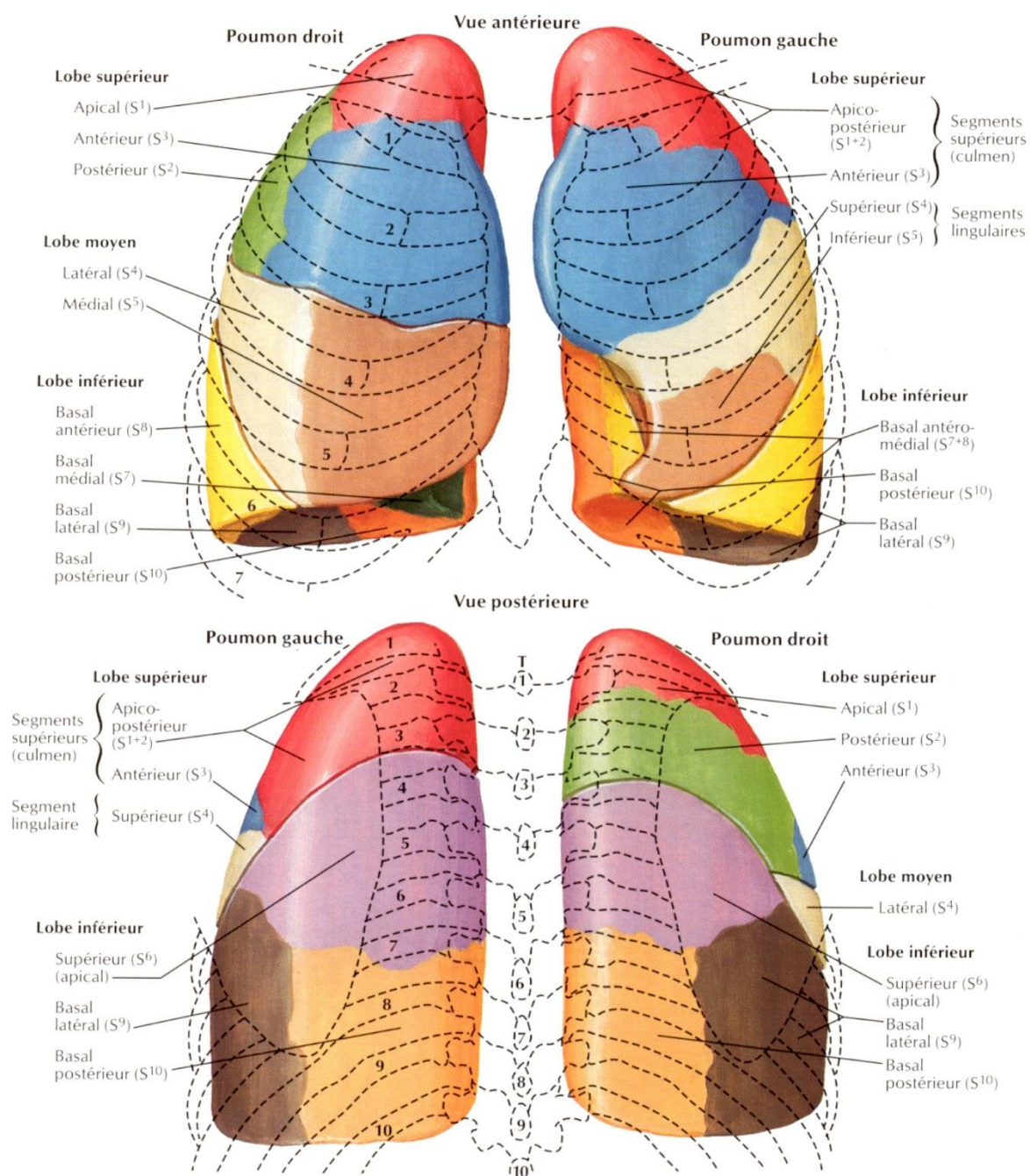




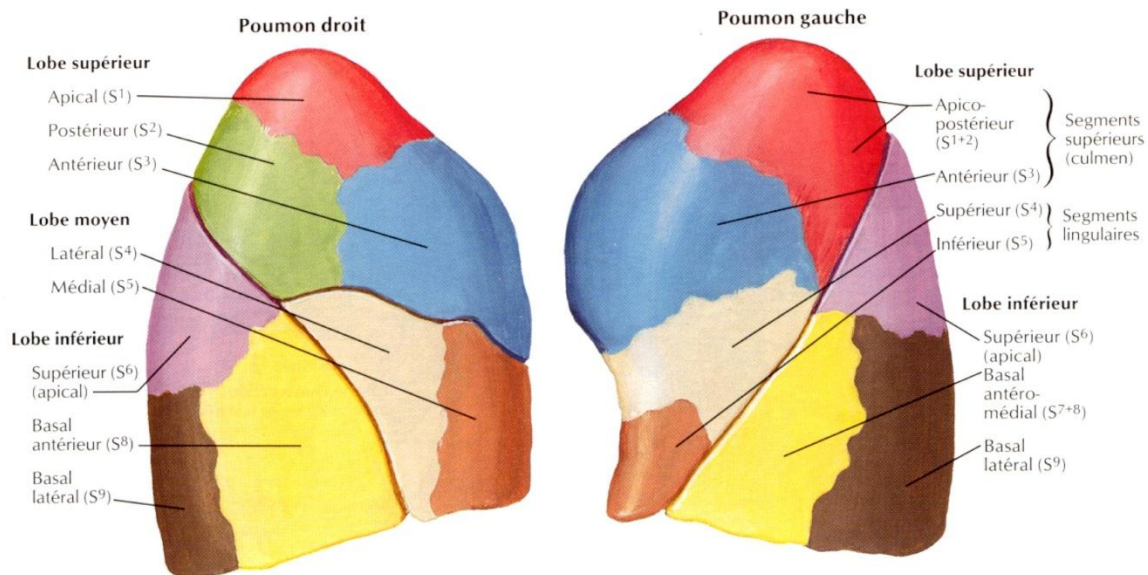




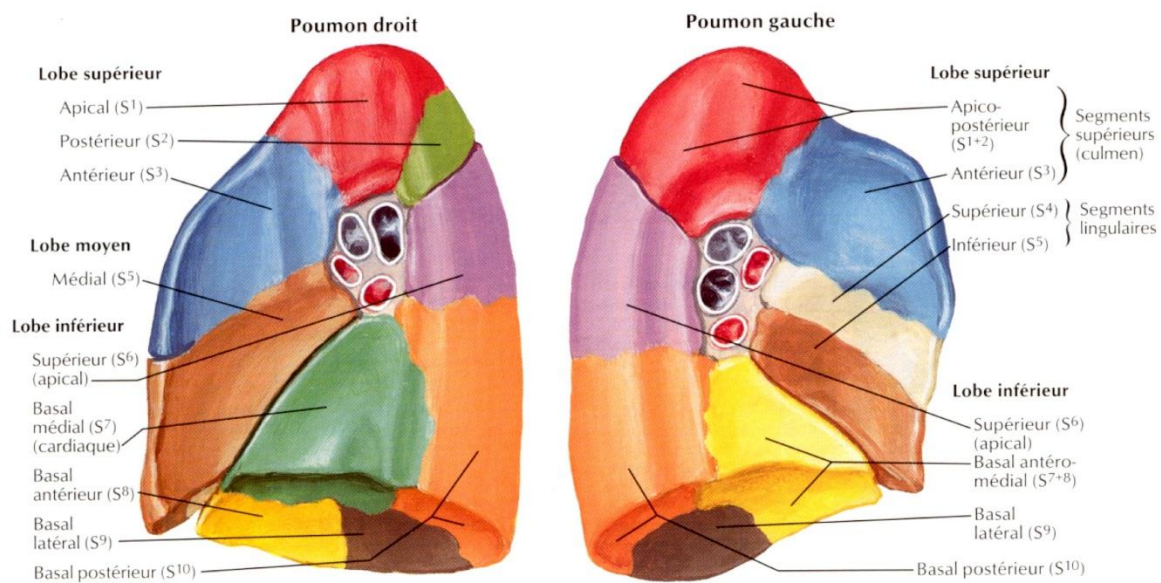




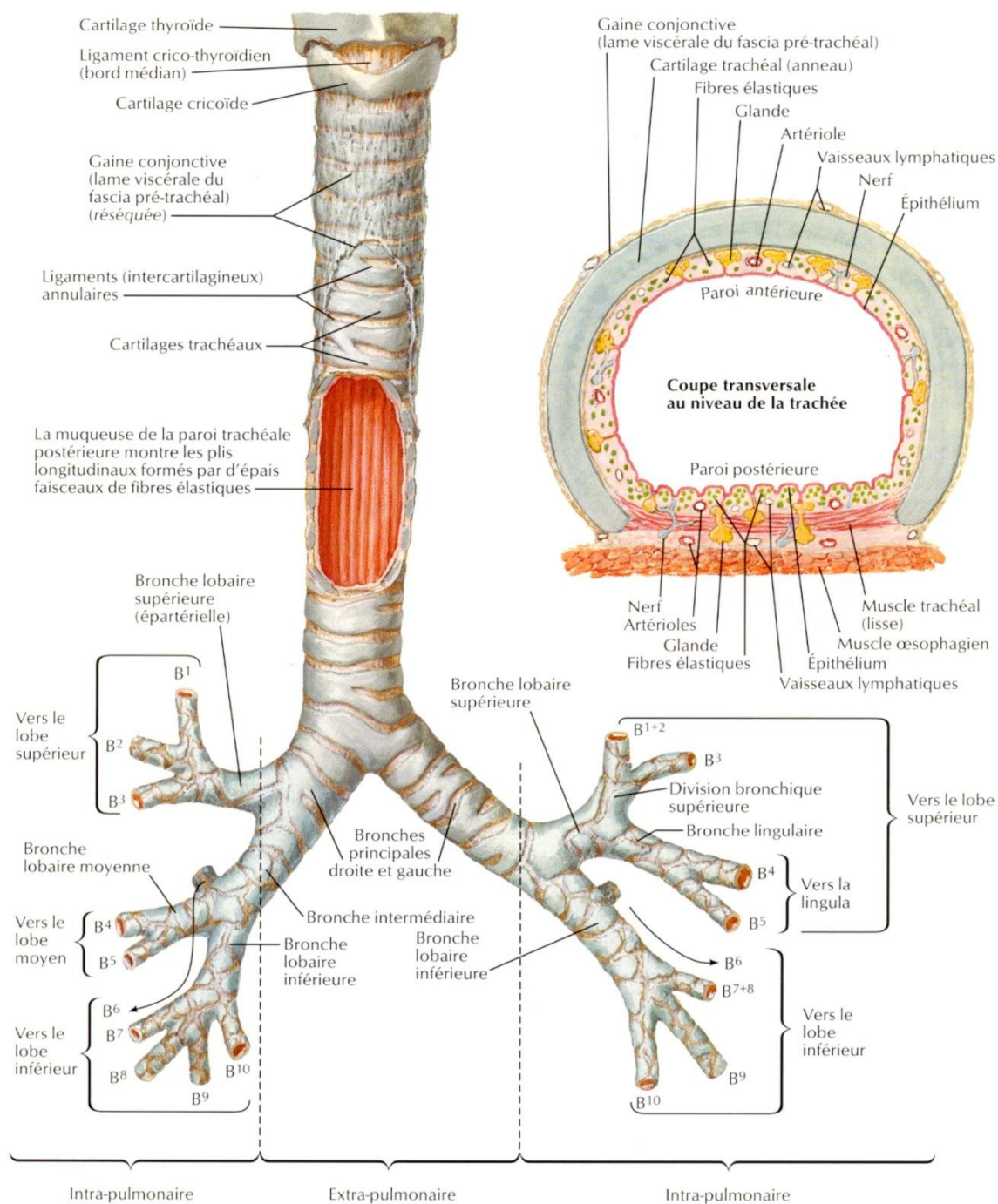
## Vues latérales

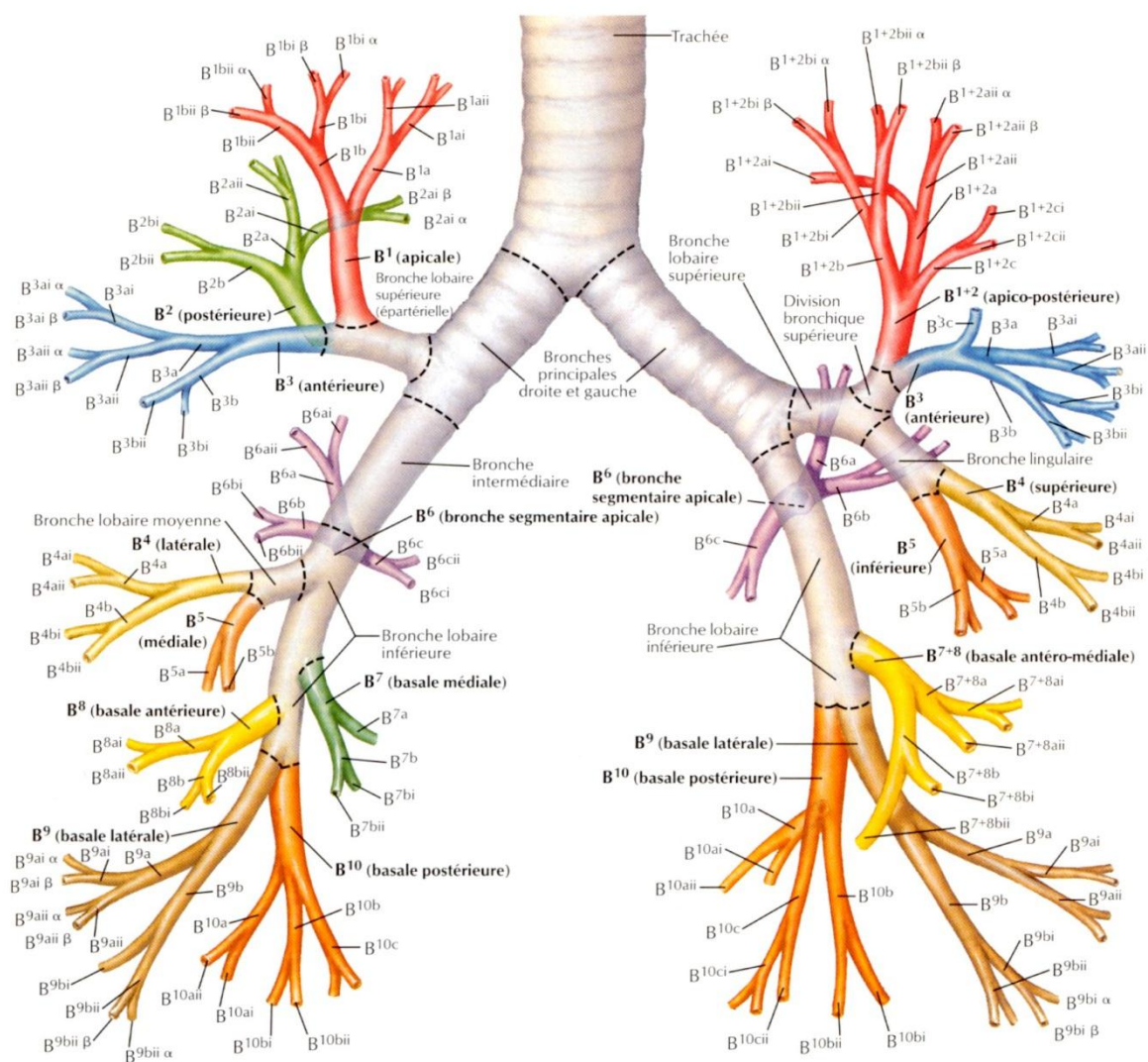


## Vues médiales

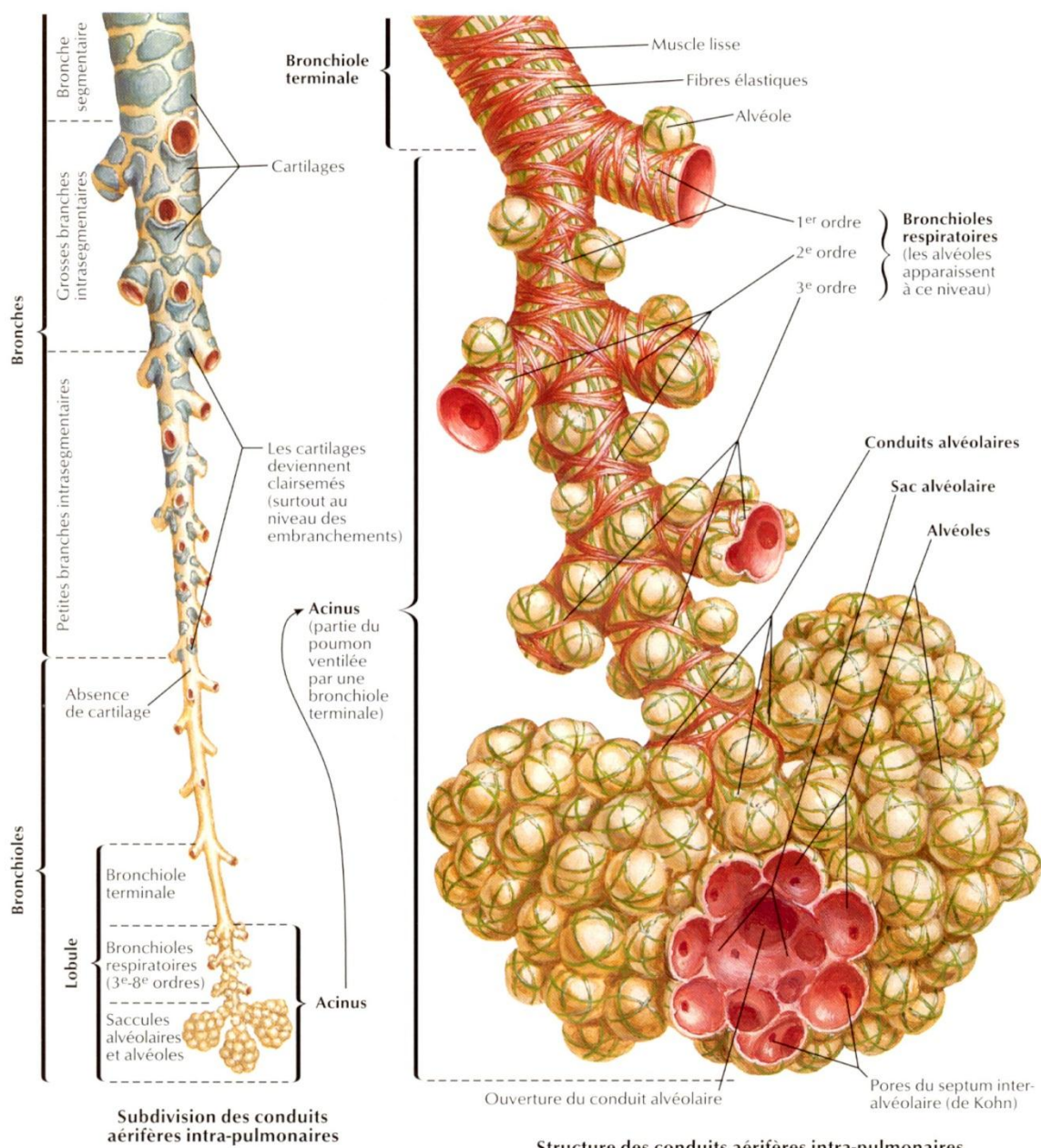


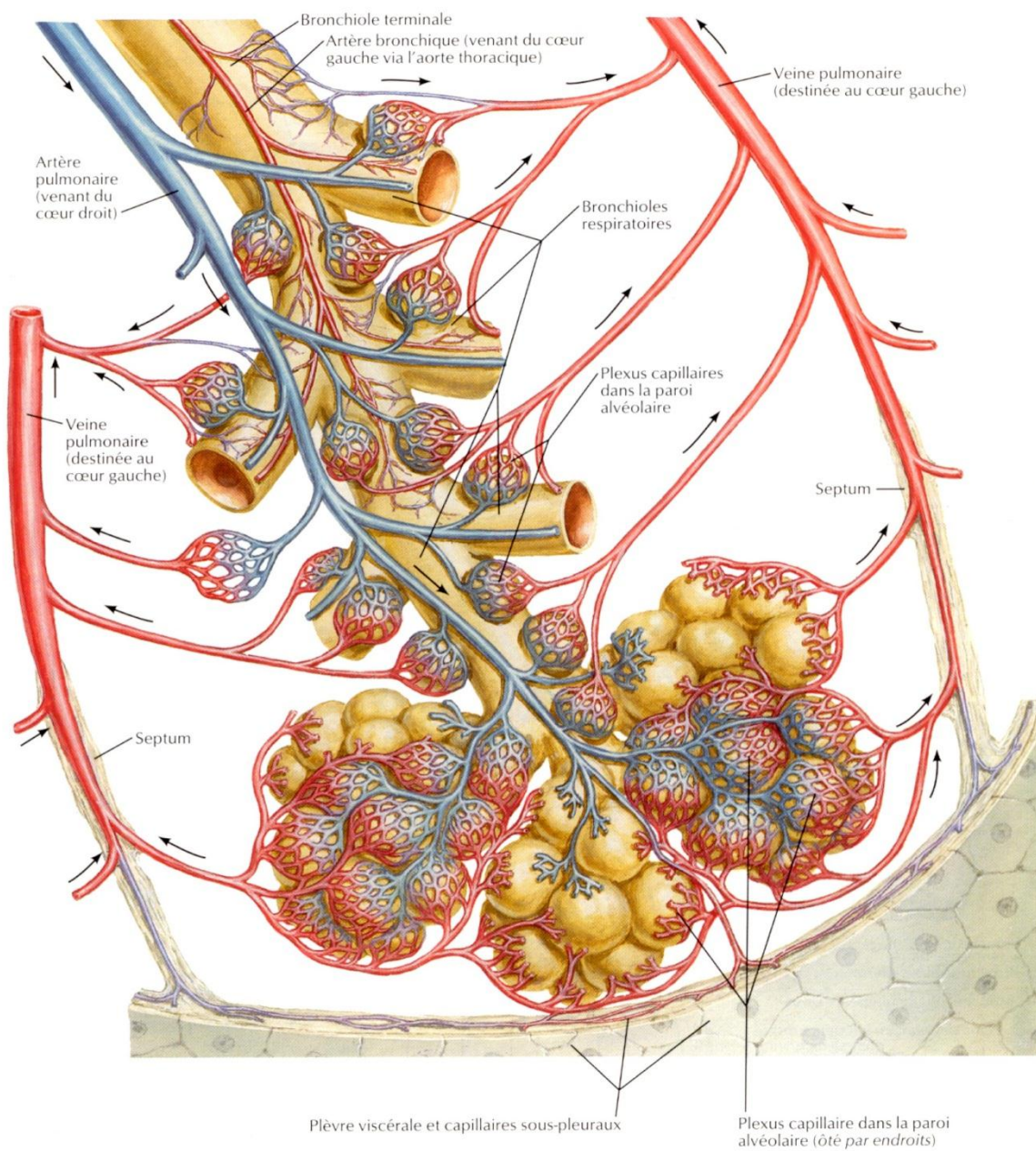




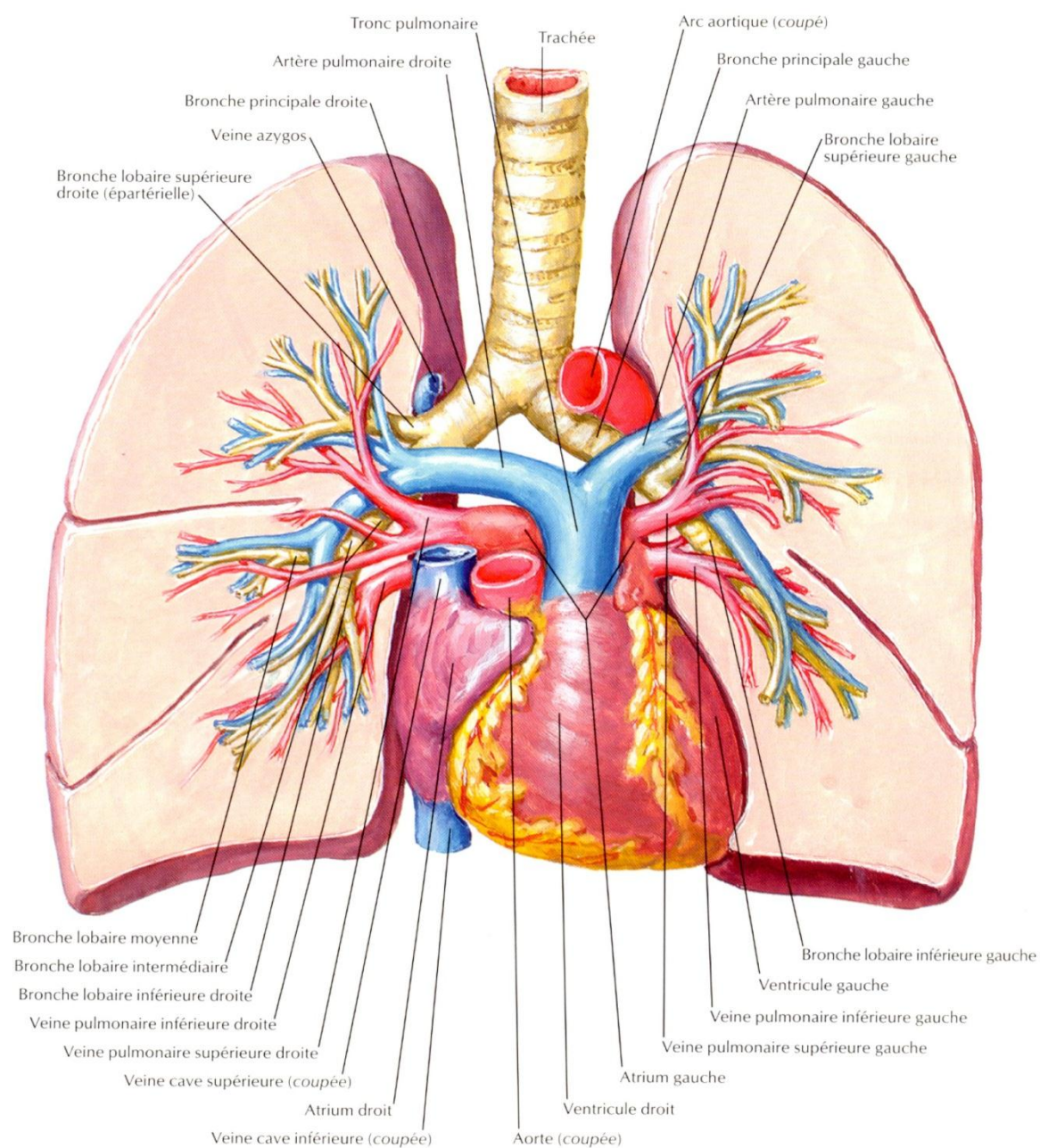


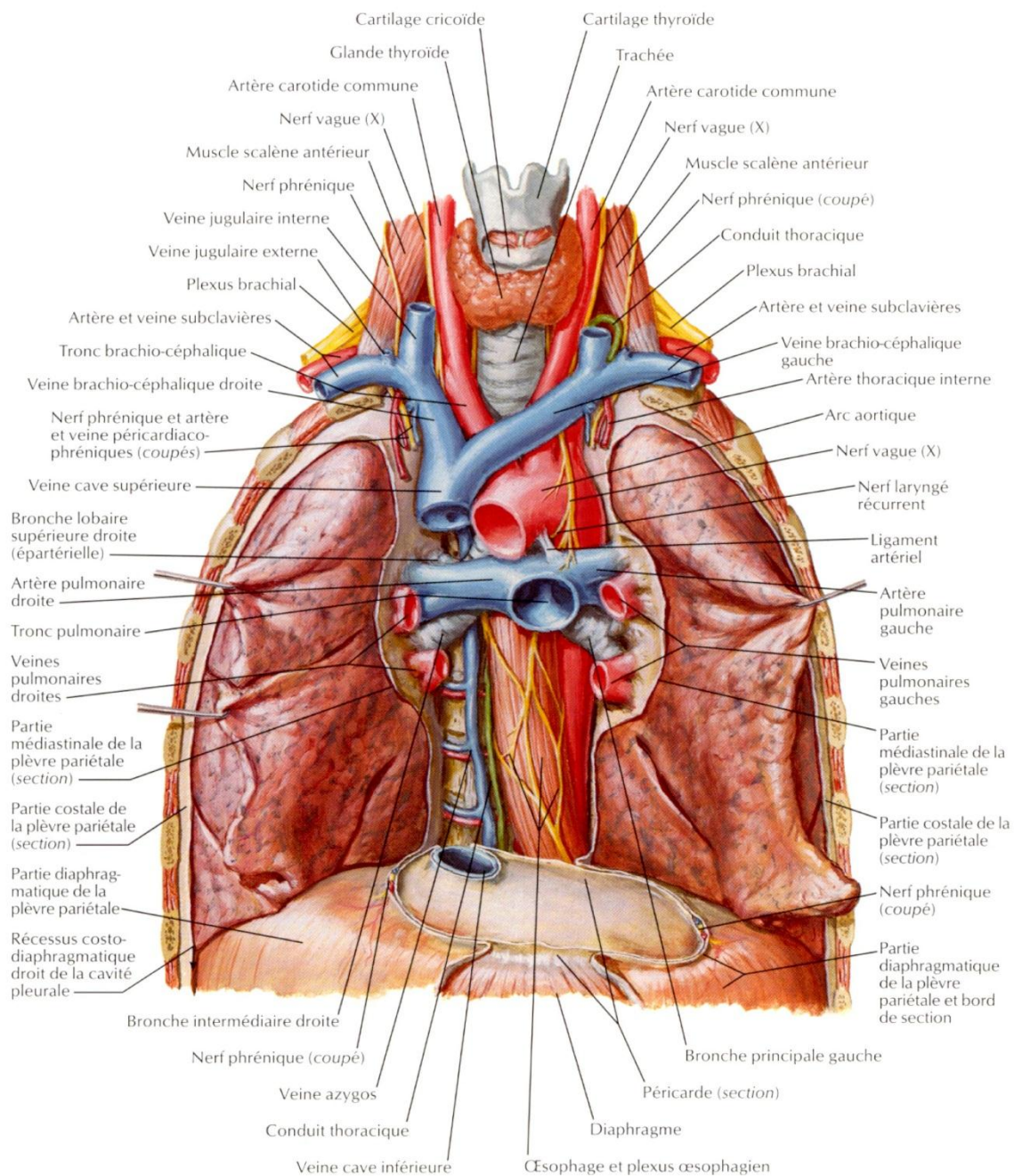




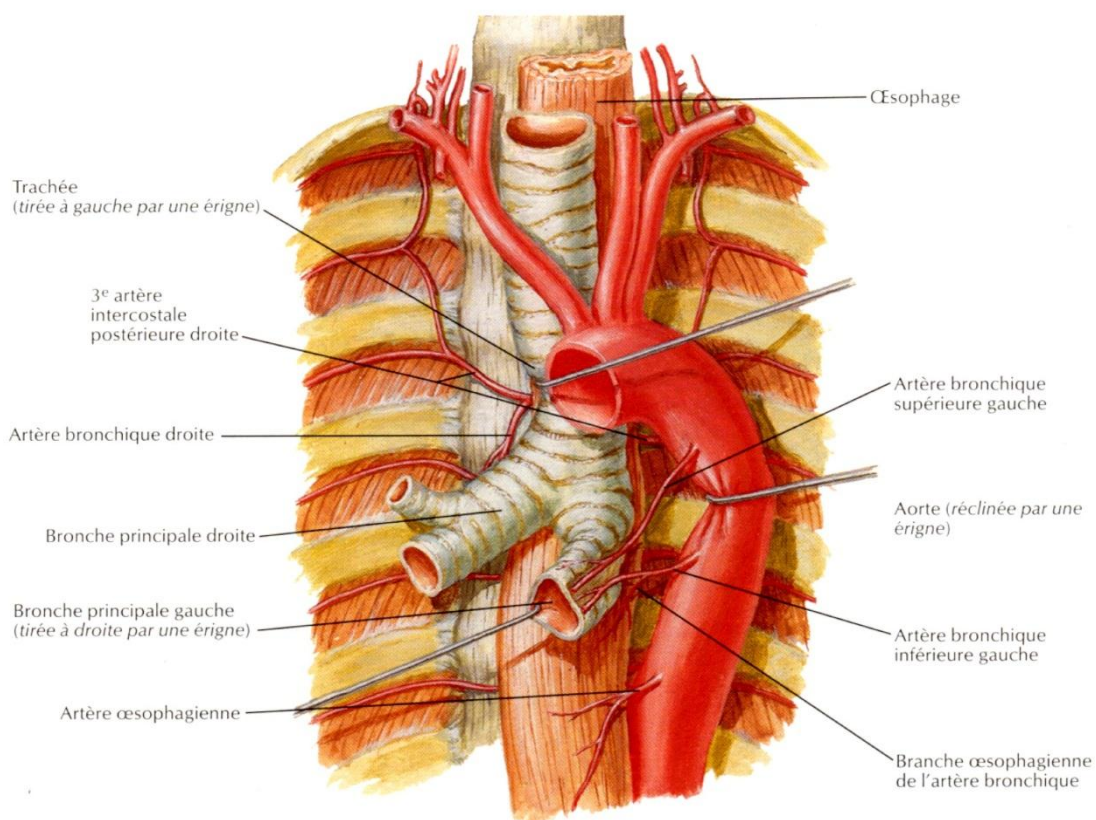




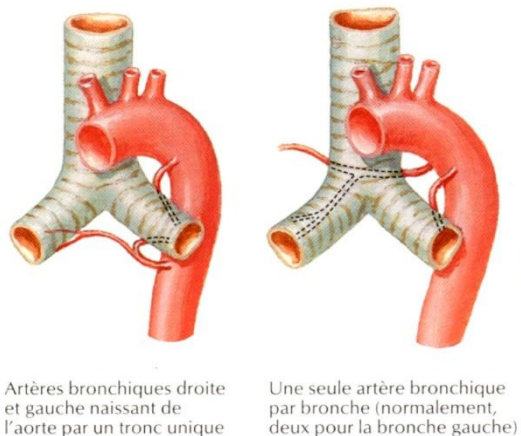




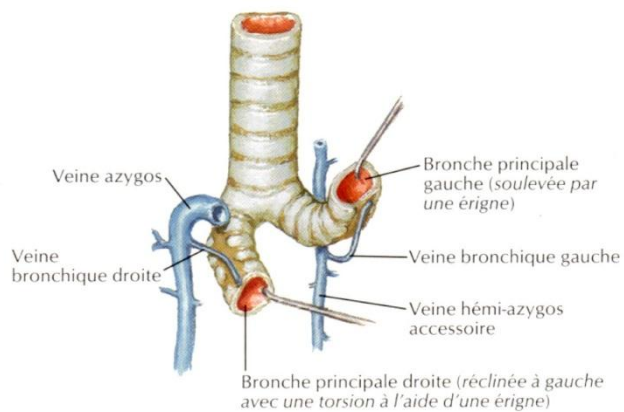


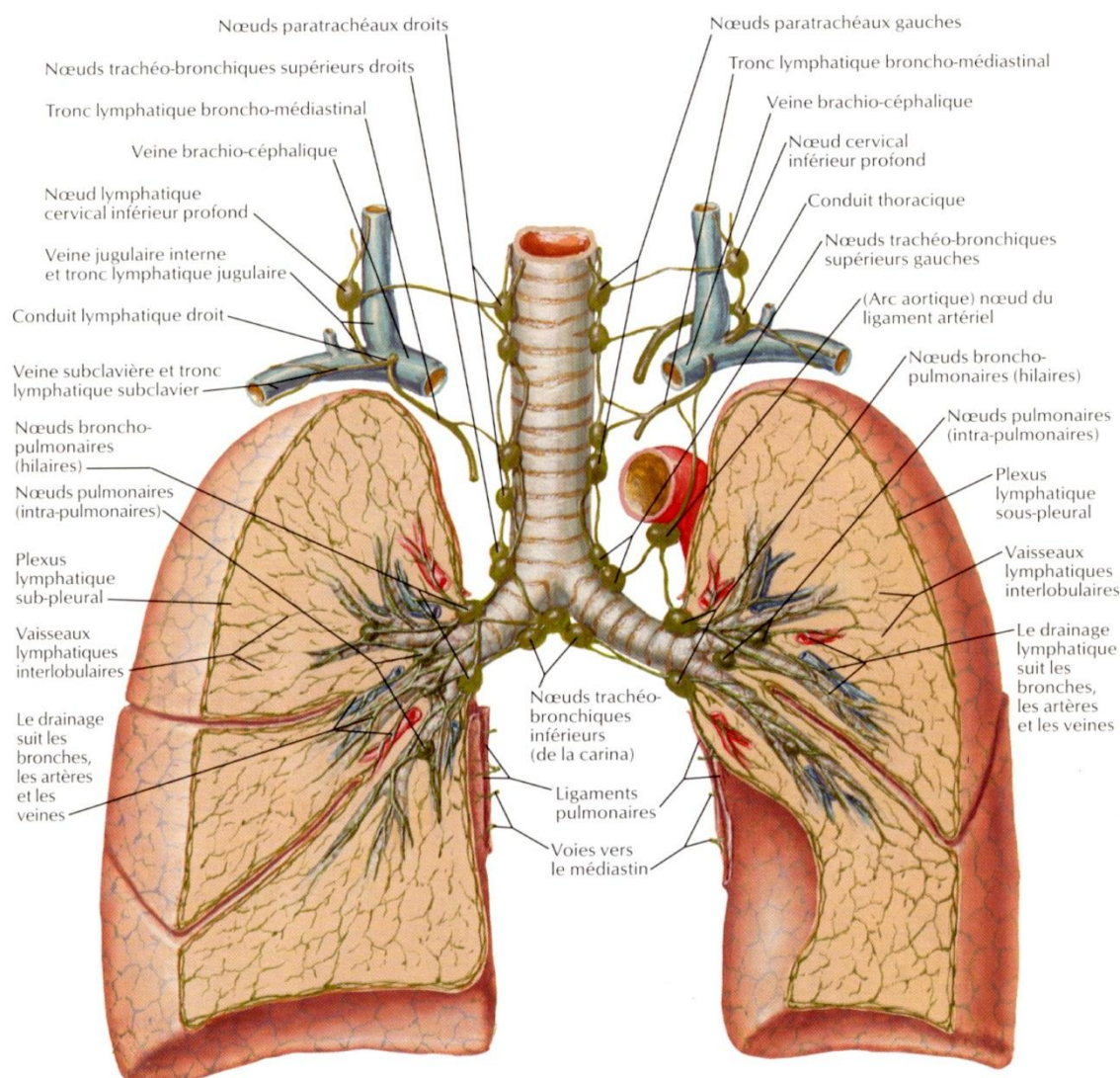


#### Variations des artères bronchiques



#### Veines bronchiques



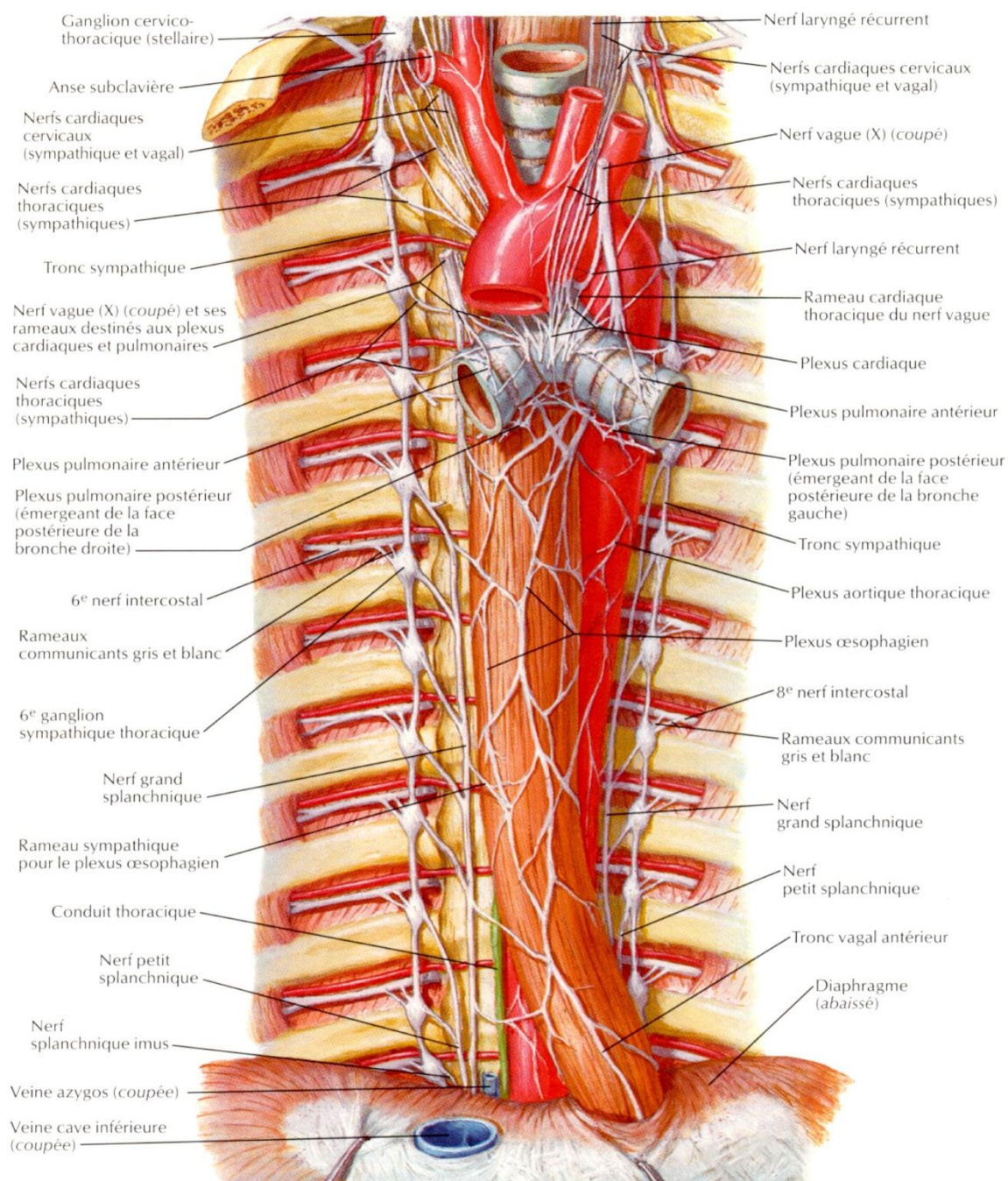


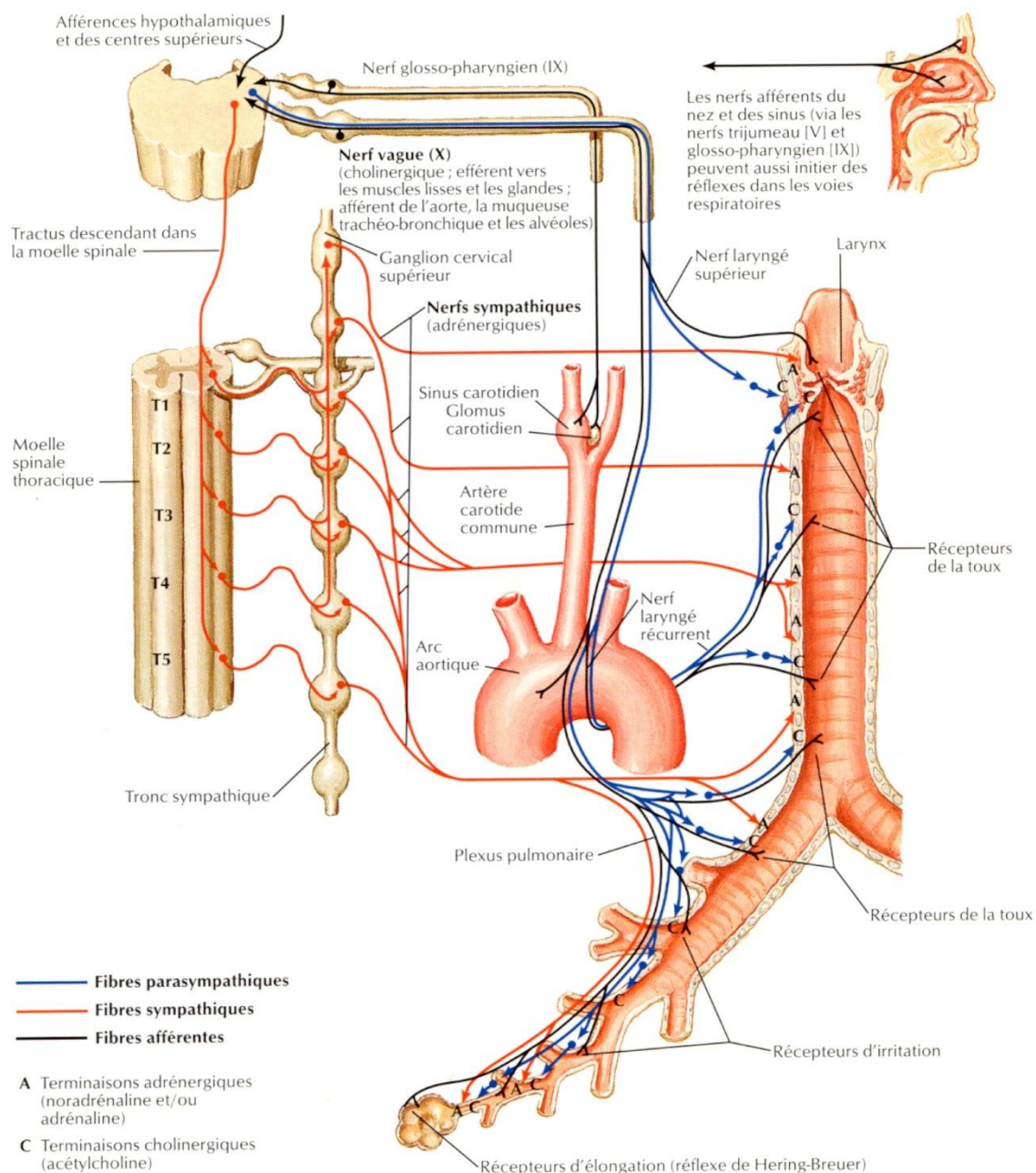
### Voies de drainage

**Poumon droit :** tous les lobes se drainent dans les nœuds intra-pulmonaires et broncho-pulmonaires (hilaires), puis dans les nœuds trachéo-bronchiques inférieurs (de la carina), les nœuds trachéo-bronchiques supérieurs droits et les nœuds paratrachéaux droits, sur le trajet de la veine brachio-céphalique via le tronc lymphatique broncho-médiastinal et/ou le nœud cervical profond inférieur (scalène).

**Poumon gauche :** le lobe supérieur se draine dans les nœuds pulmonaires et broncho-pulmonaires (hilaires), les nœuds trachéo-bronchiques inférieurs de la carina, les nœuds trachéo-bronchiques supérieurs gauches, les nœuds paratrachéaux gauches et/ou (arc aortique) le nœud du ligament artériel, puis dans la veine brachio-céphalique via le tronc broncho-médiastinal gauche et le conduit thoracique. Le lobe inférieur gauche se draine aussi dans les nœuds pulmonaires et broncho-pulmonaires (hilaires) et vers les nœuds trachéo-bronchiques inférieurs (de la carina), mais ensuite, souvent dans les nœuds trachéo-bronchiques supérieurs droits, où il suit la même voie que la lymphe issue du poumon droit.

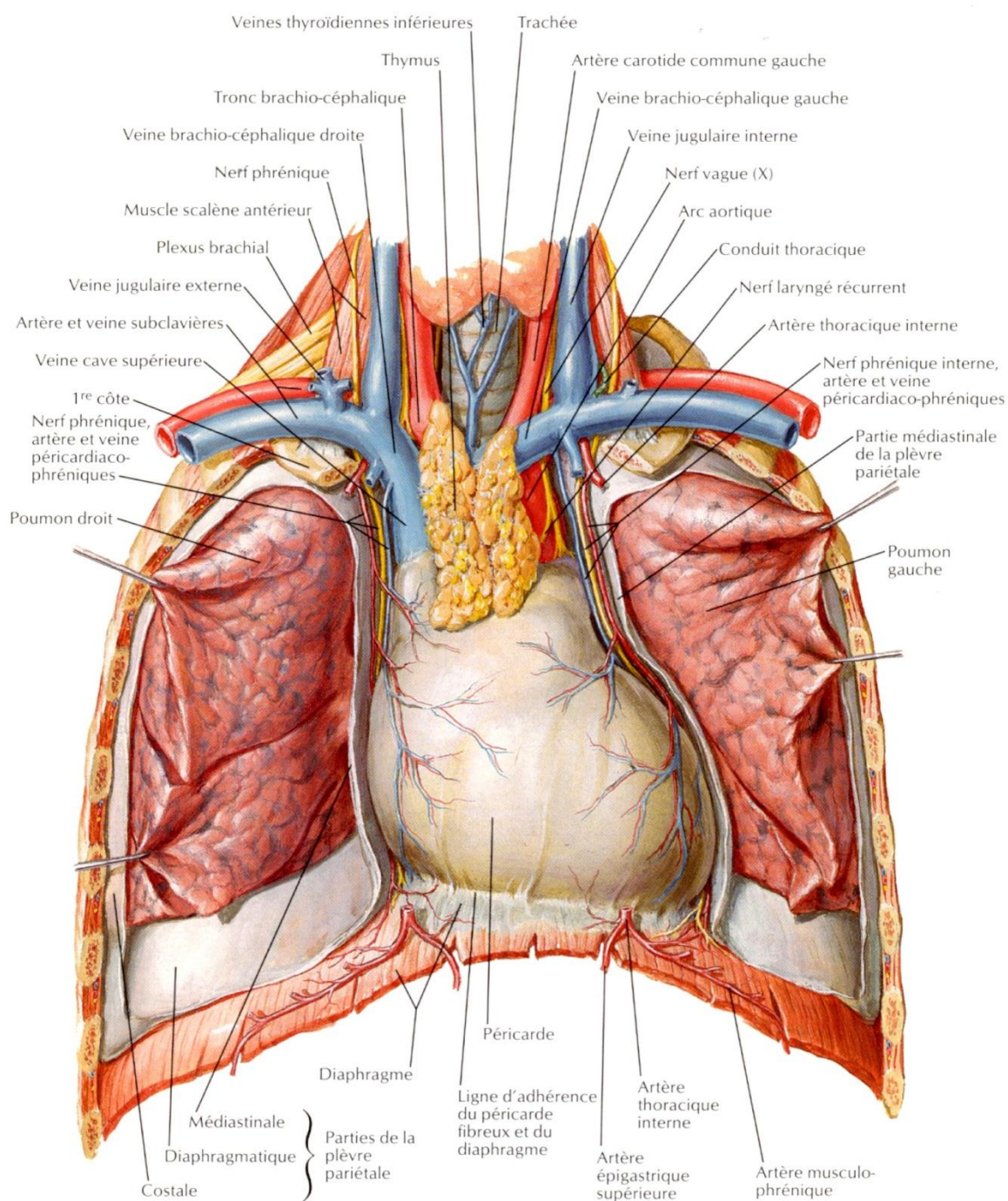


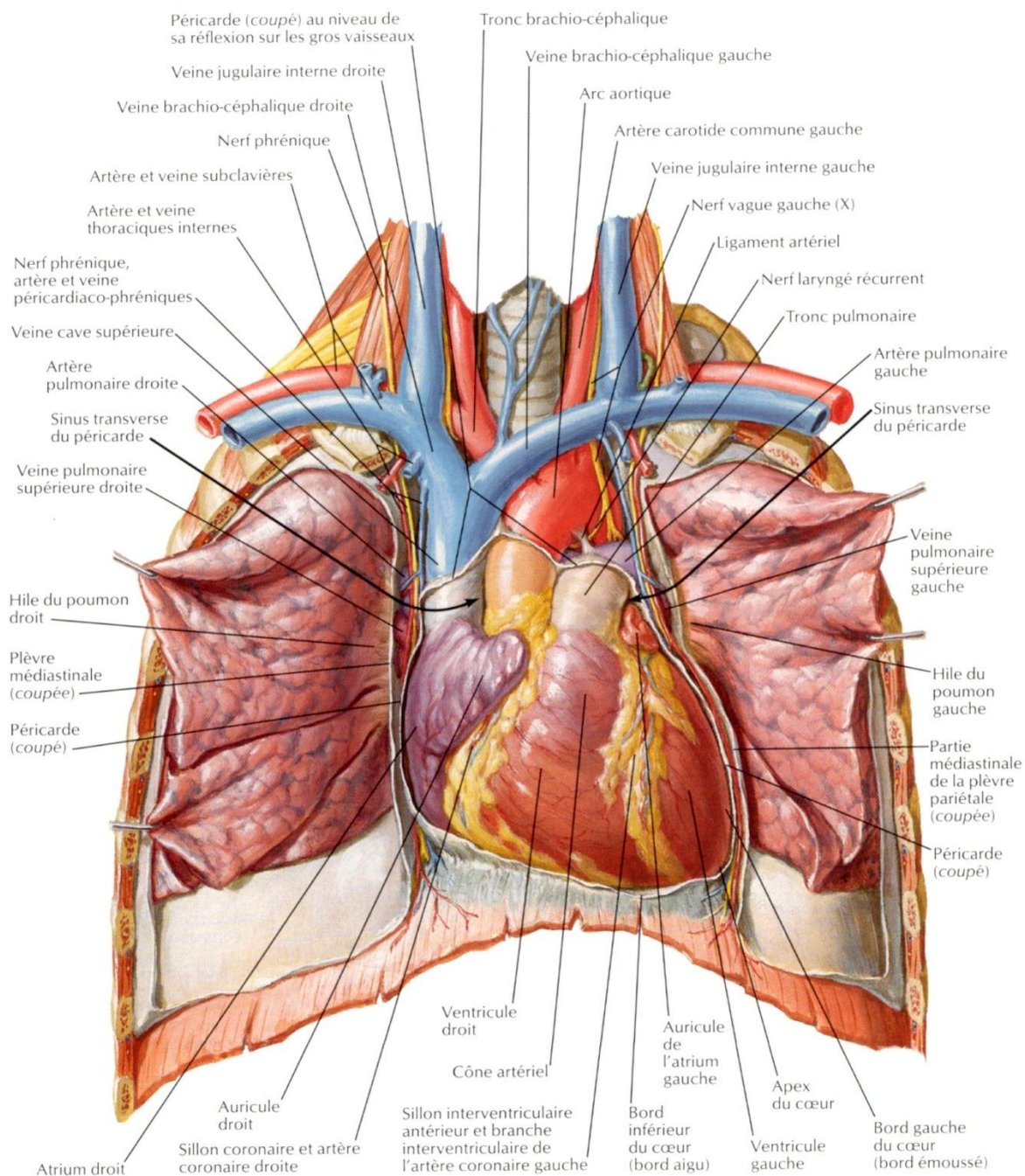




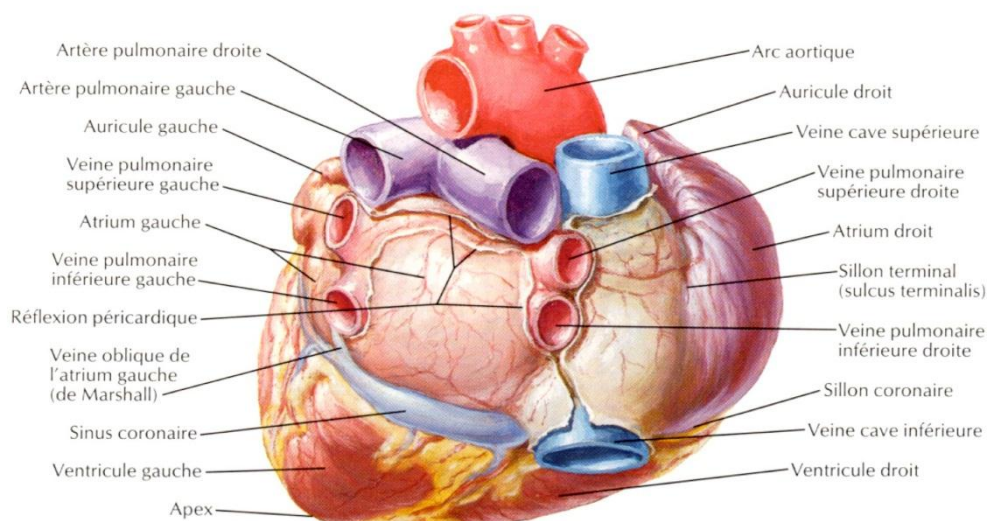


## d. Cœur

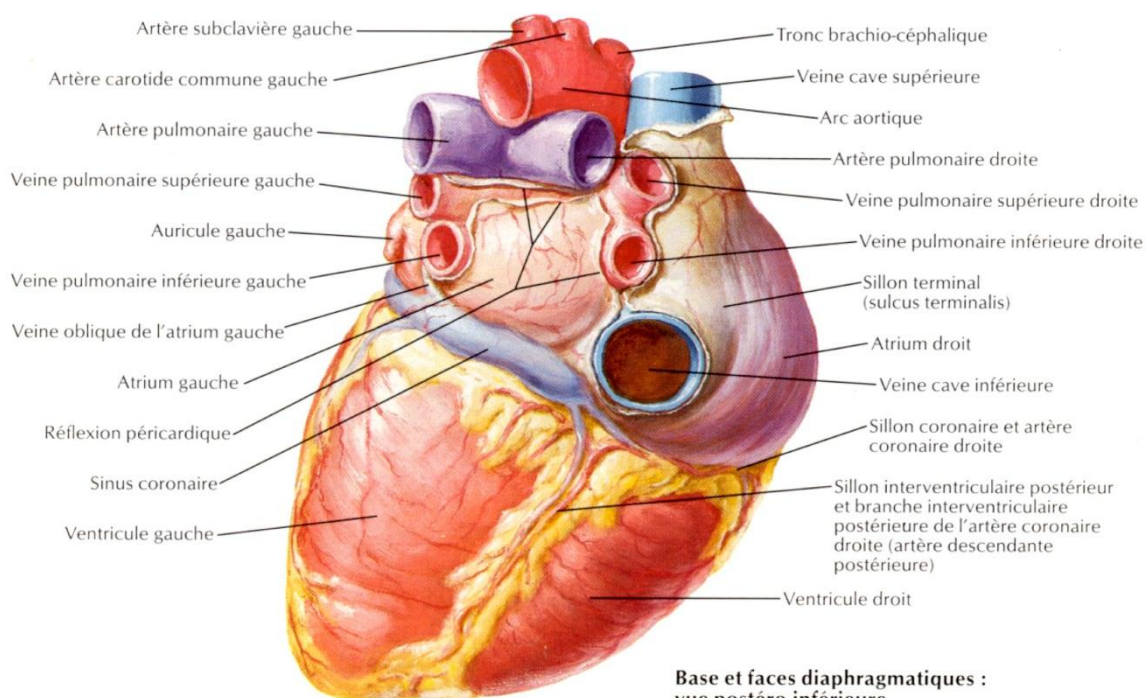




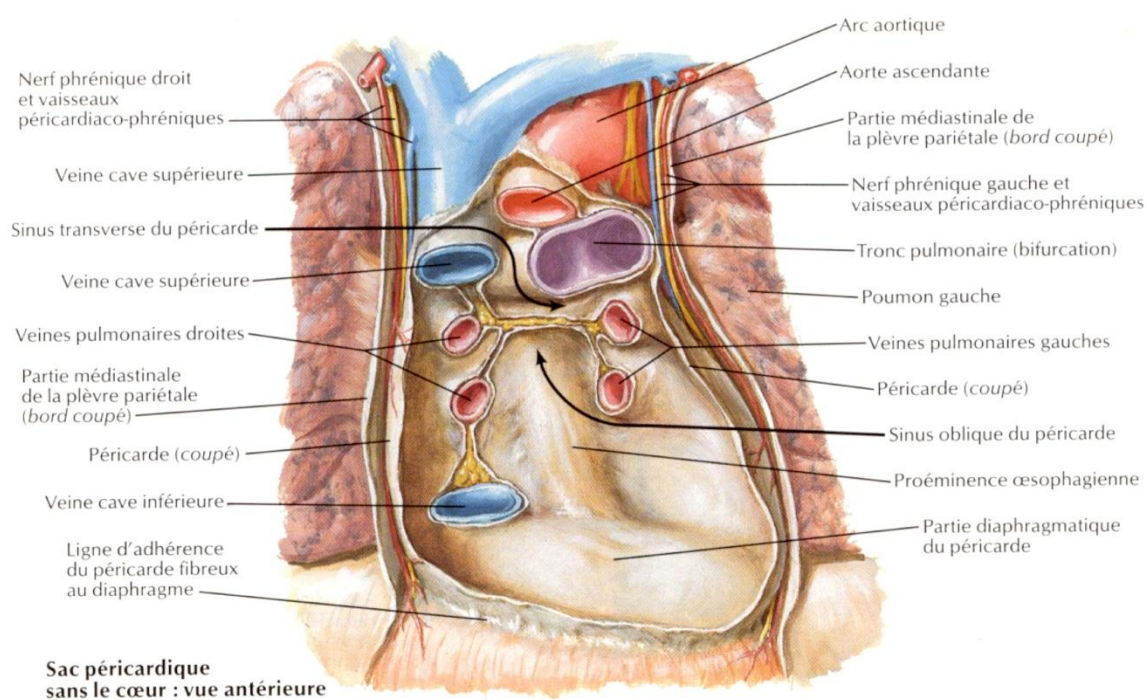
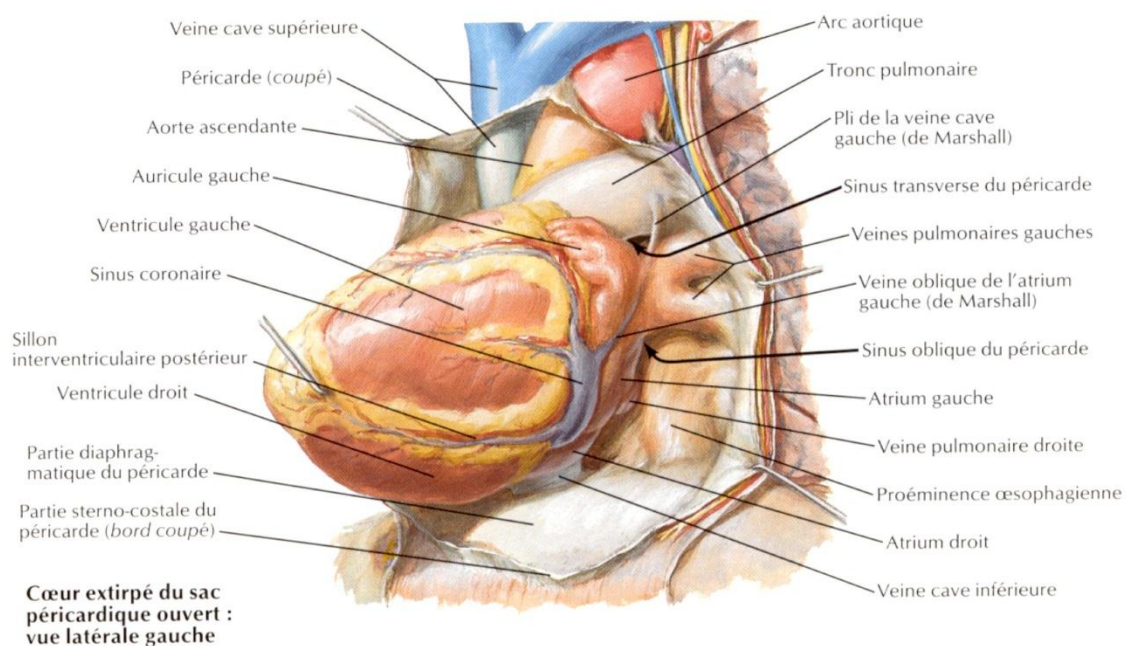




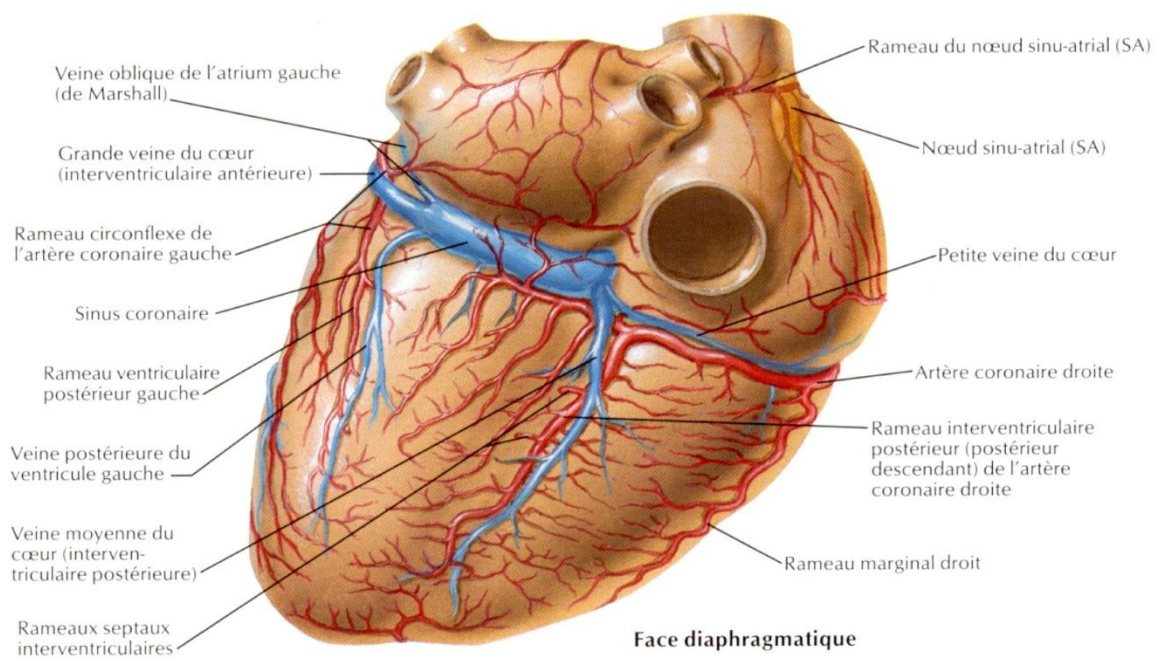
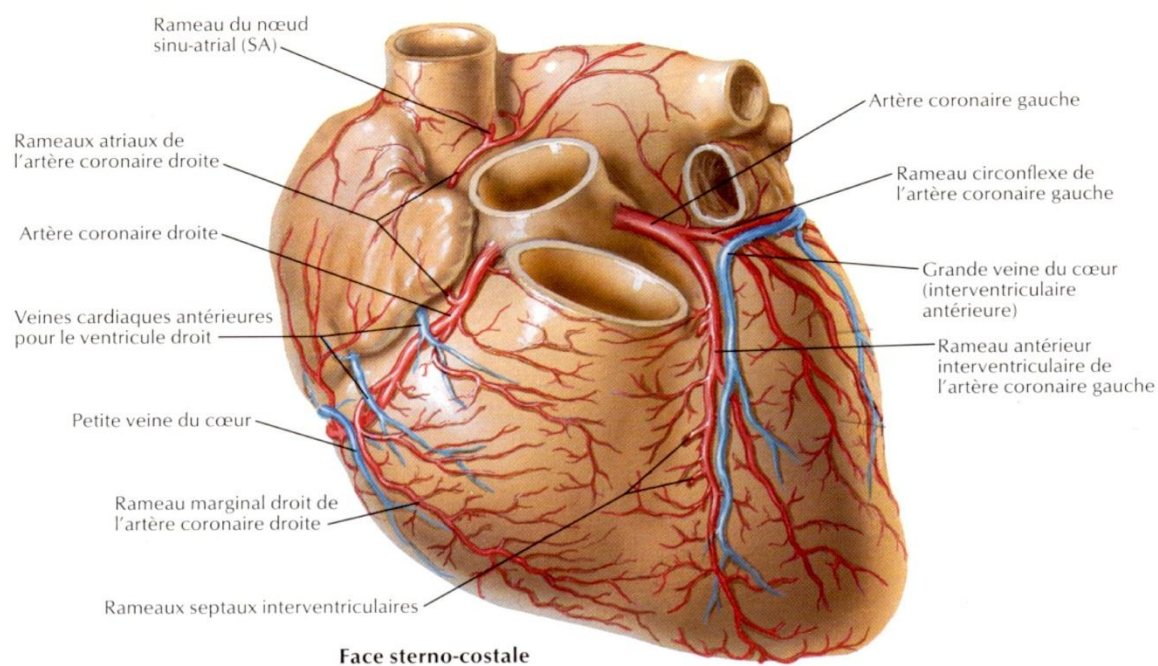
**Base du cœur : vue postérieure**

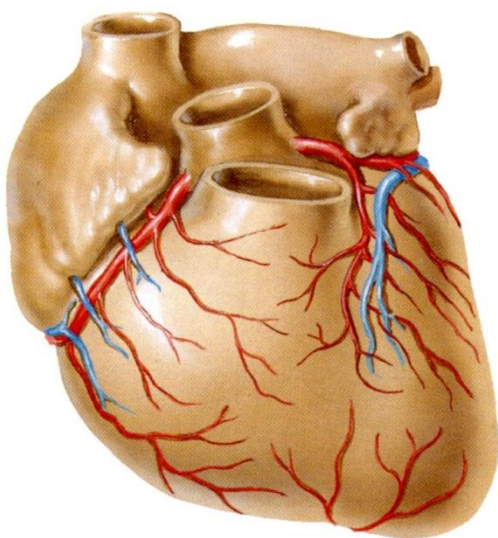


**Base et faces diaphragmatiques :  
vue postéro-inférieure**

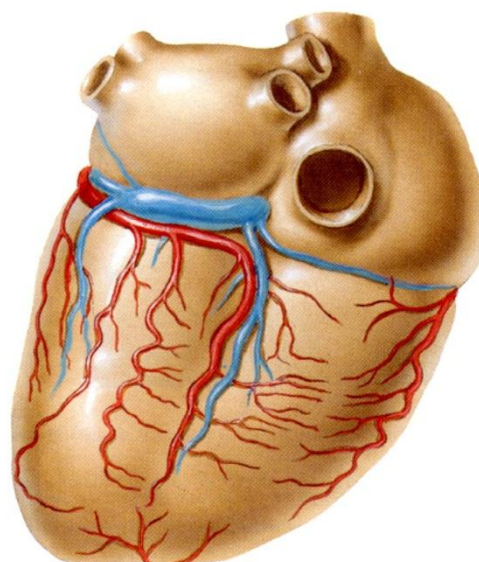




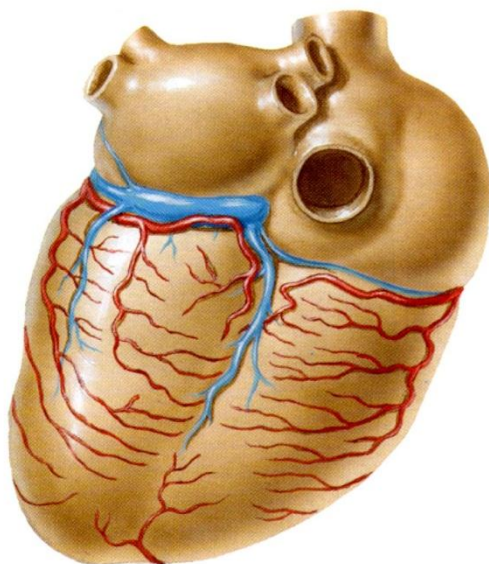




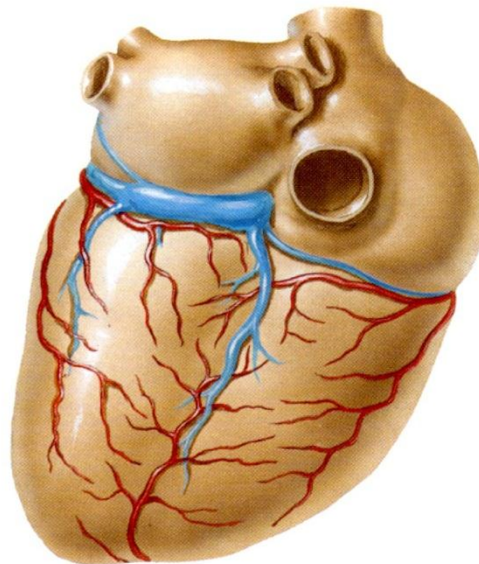
Très court rameau interventriculaire antérieur (antérieur descendant gauche) de l'artère coronaire gauche. La partie apicale de la face antérieure (sterno-costale) est vascularisée par des branches du rameau interventriculaire postérieur (descendant postérieur) de l'artère coronaire droite contournant l'apex



Rameau interventriculaire postérieur (postérieur descendant) dérivant du rameau circonflexe de l'artère coronaire gauche au lieu de l'artère coronaire droite



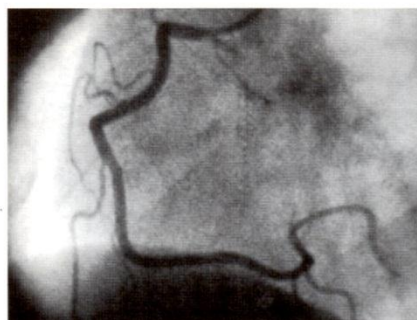
Absence du rameau interventriculaire postérieur (postérieur descendant). Territoire vascularisé principalement par de petites branches du rameau circonflexe de l'artère coronaire gauche et de l'artère coronaire droite



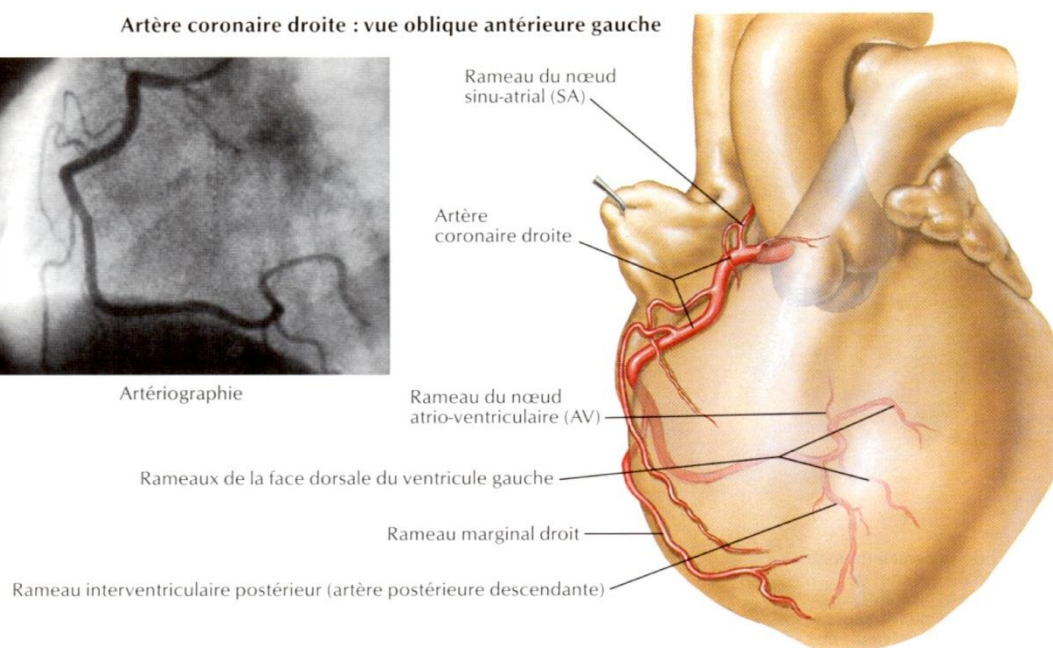
Absence d'un rameau interventriculaire postérieur (postérieur descendant). Territoire vascularisé principalement par un prolongement du rameau interventriculaire antérieur (antérieur descendant gauche) contournant l'apex



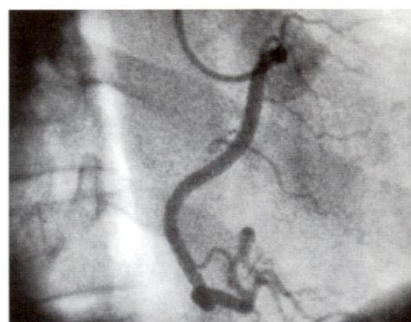
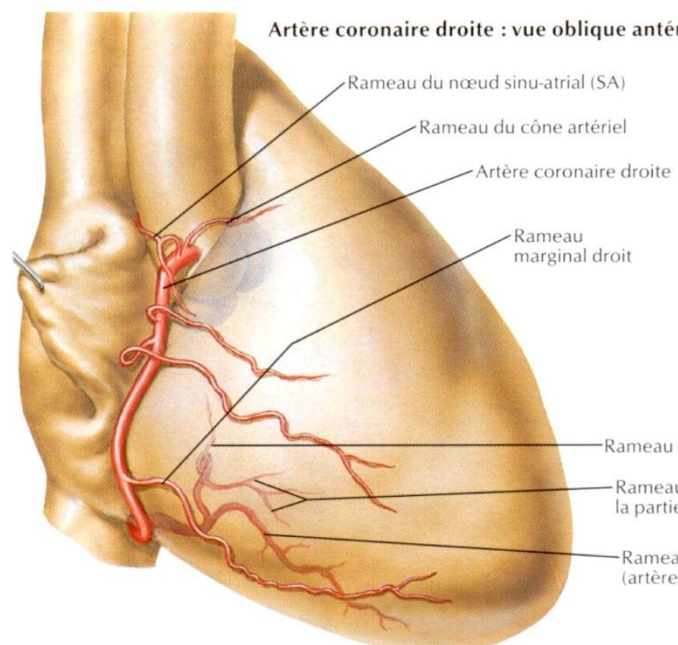
### Artère coronaire droite : vue oblique antérieure gauche



Artériographie

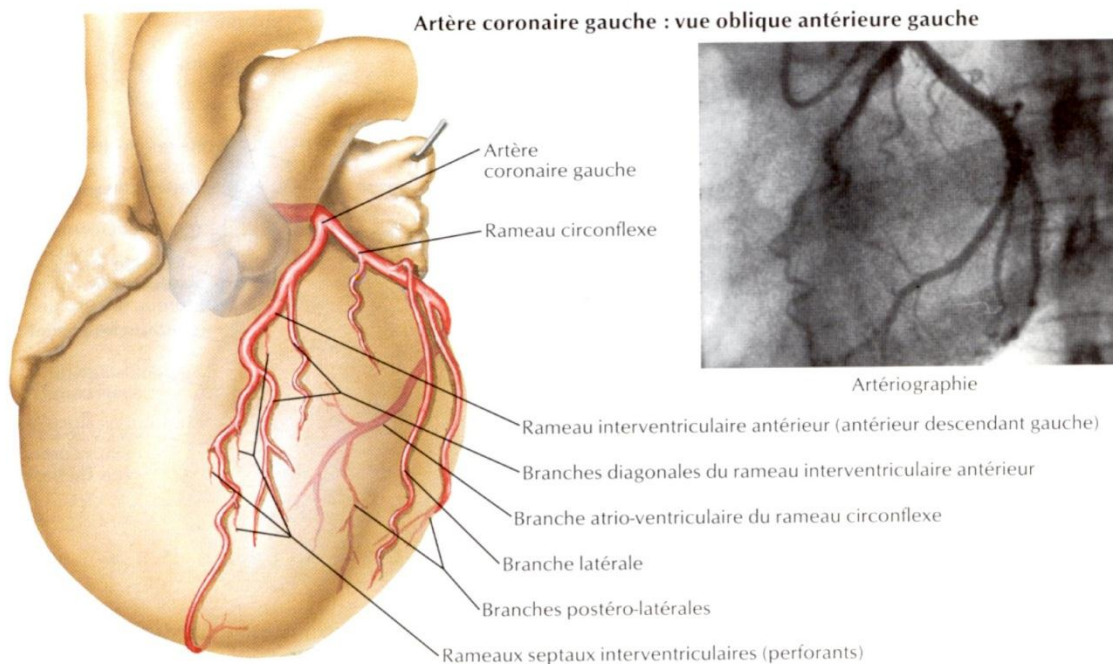


### Artère coronaire droite : vue oblique antérieure droite

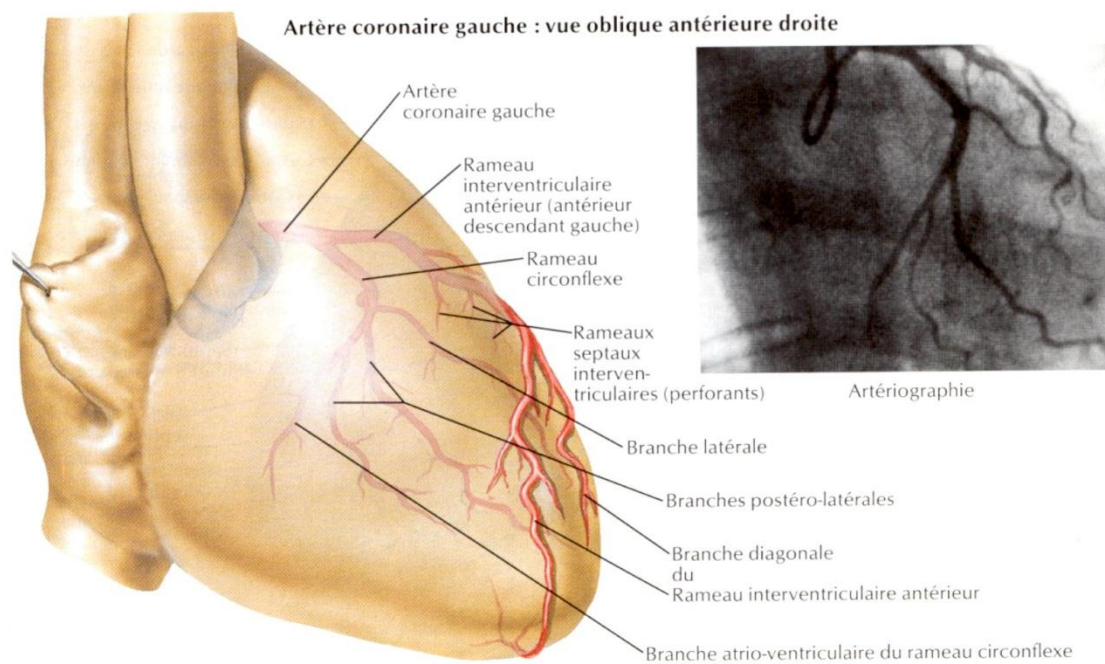


Artériographie

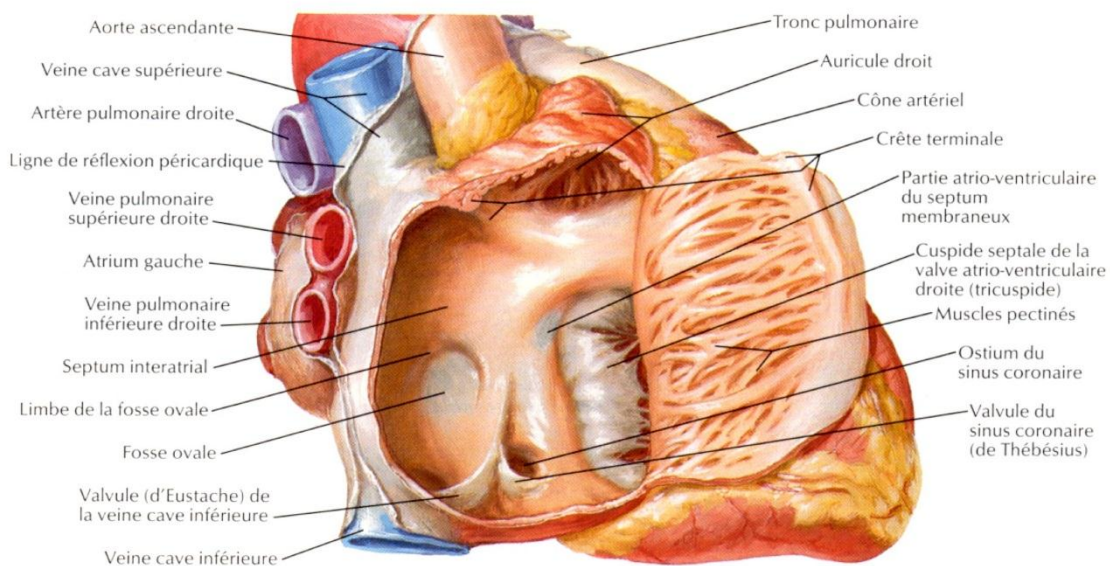
### Artère coronaire gauche : vue oblique antérieure gauche



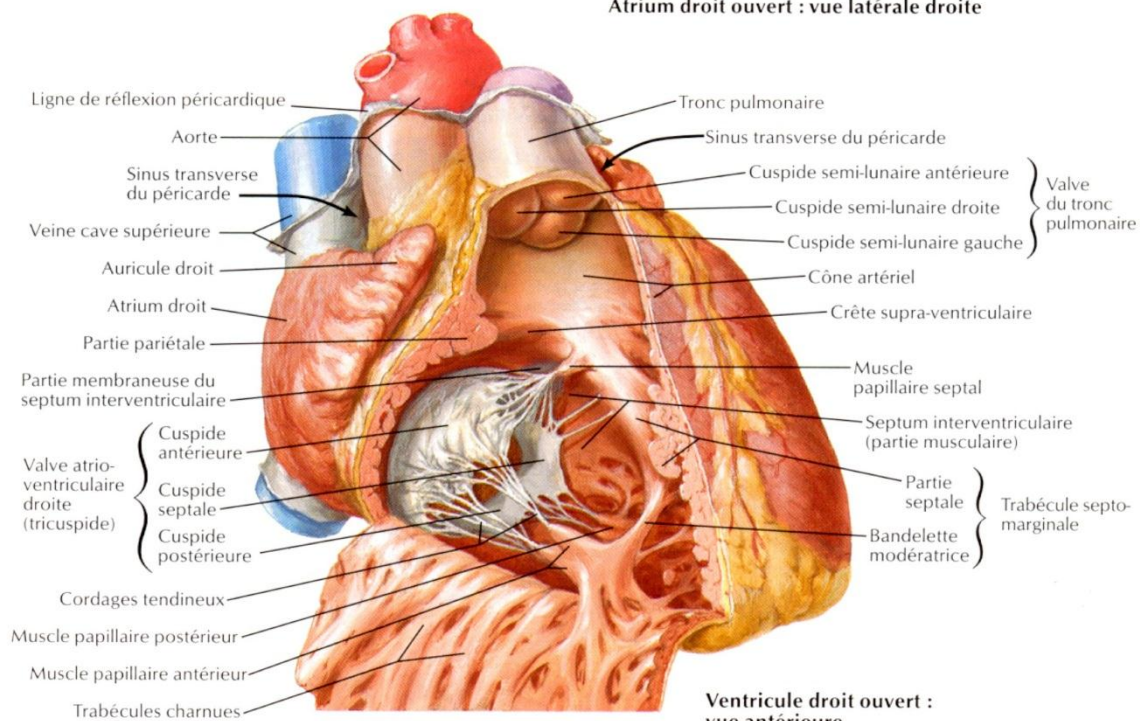
### Artère coronaire gauche : vue oblique antérieure droite



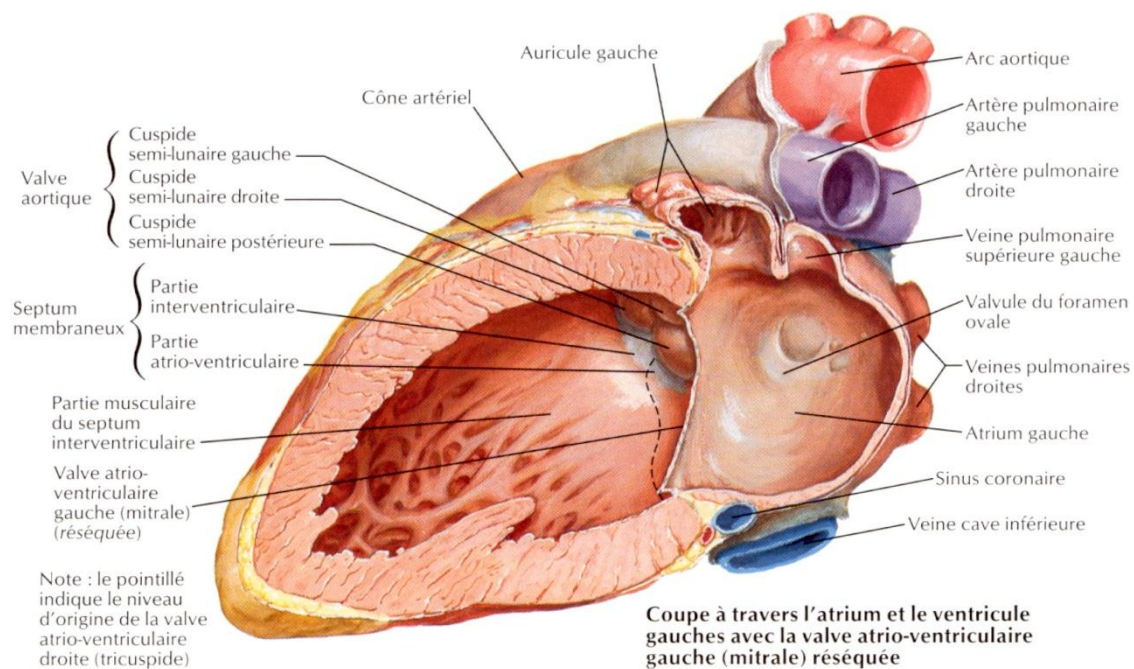
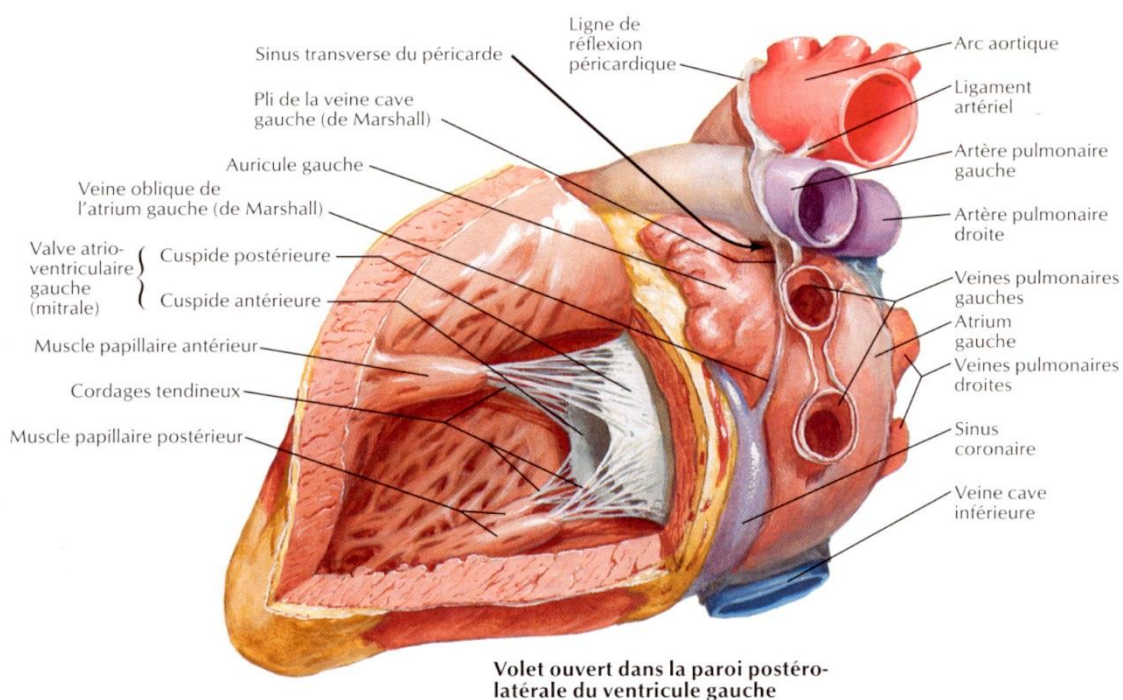




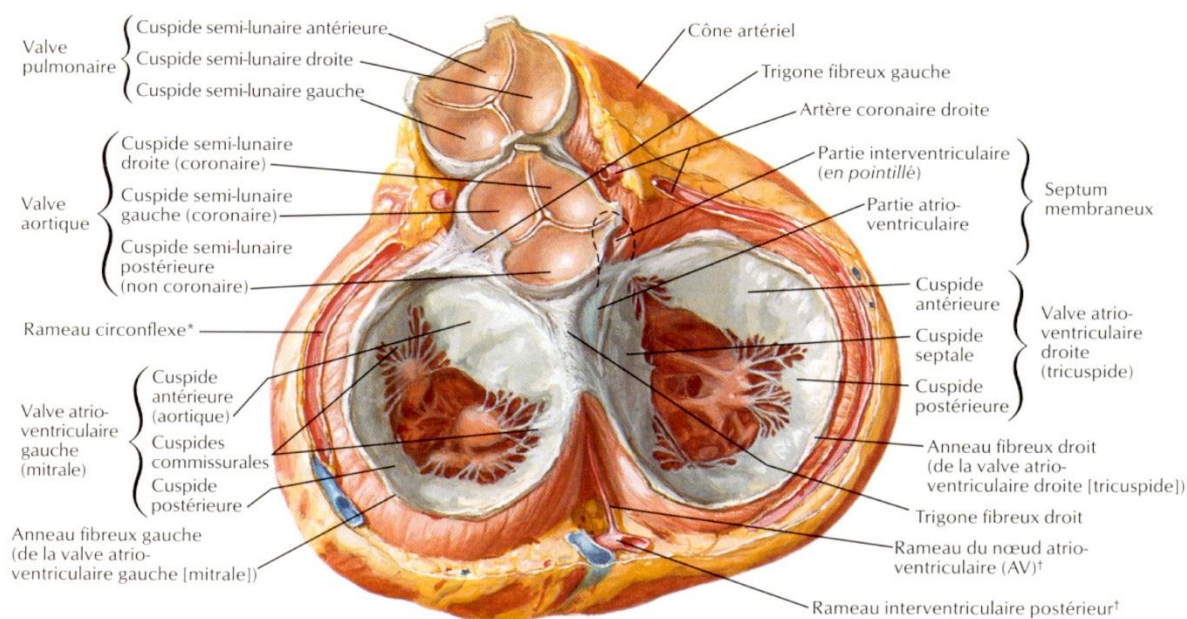
**Atrium droit ouvert : vue latérale droite**



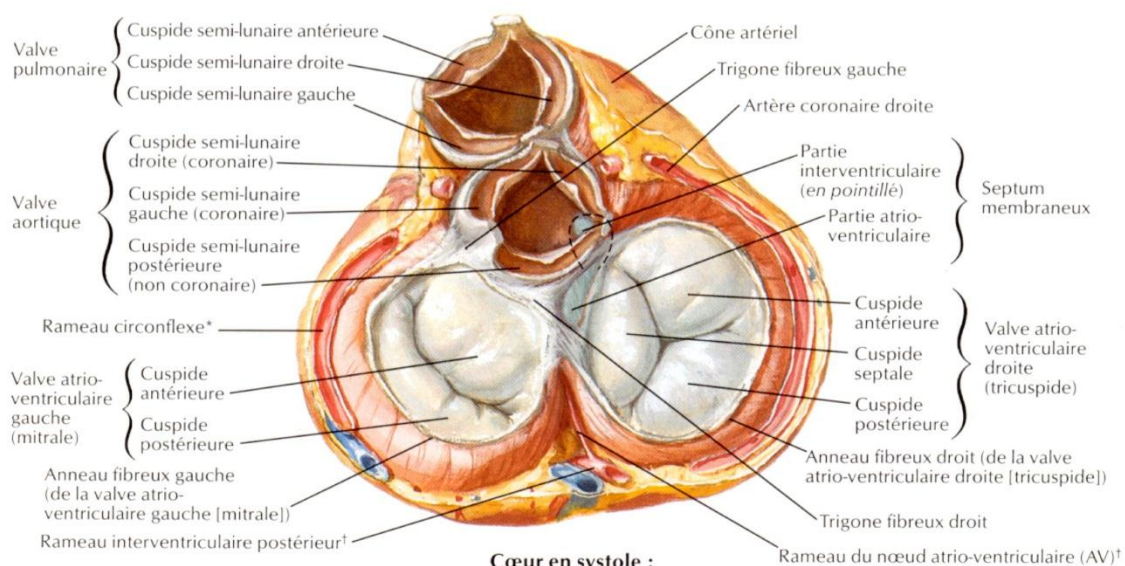
**Ventricule droit ouvert :  
vue antérieure**







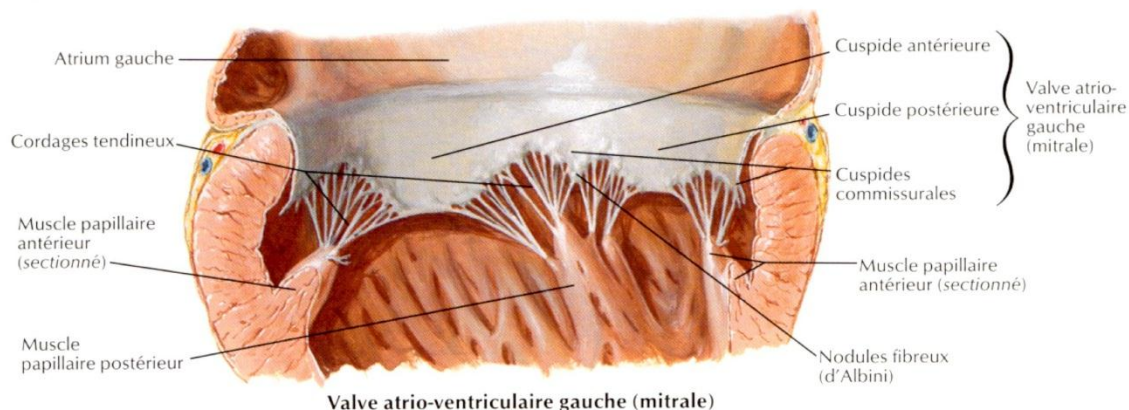
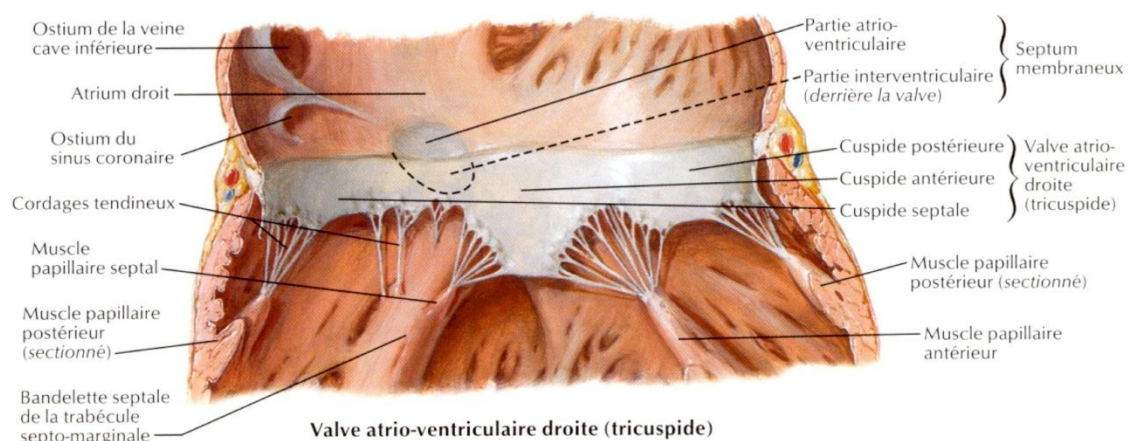
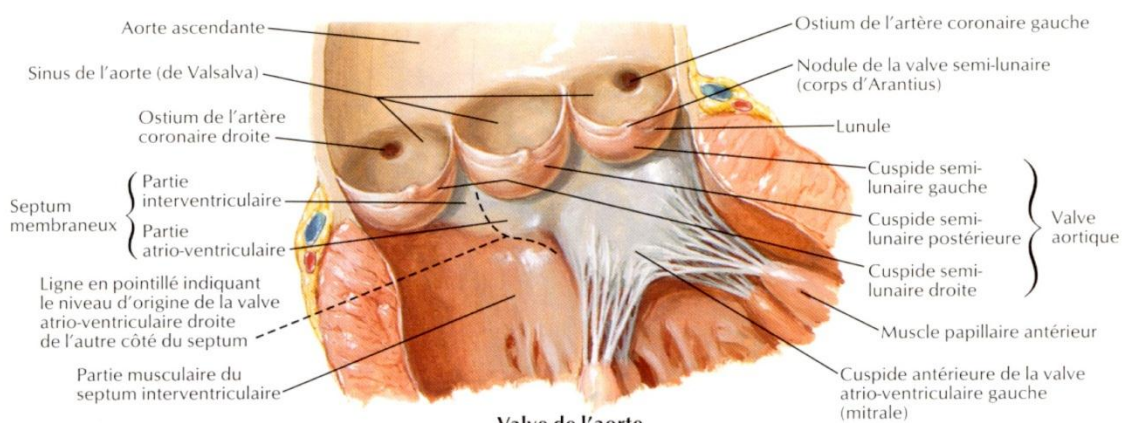
**Cœur en diastole :**  
**vue de la base avec ablation des atriums**



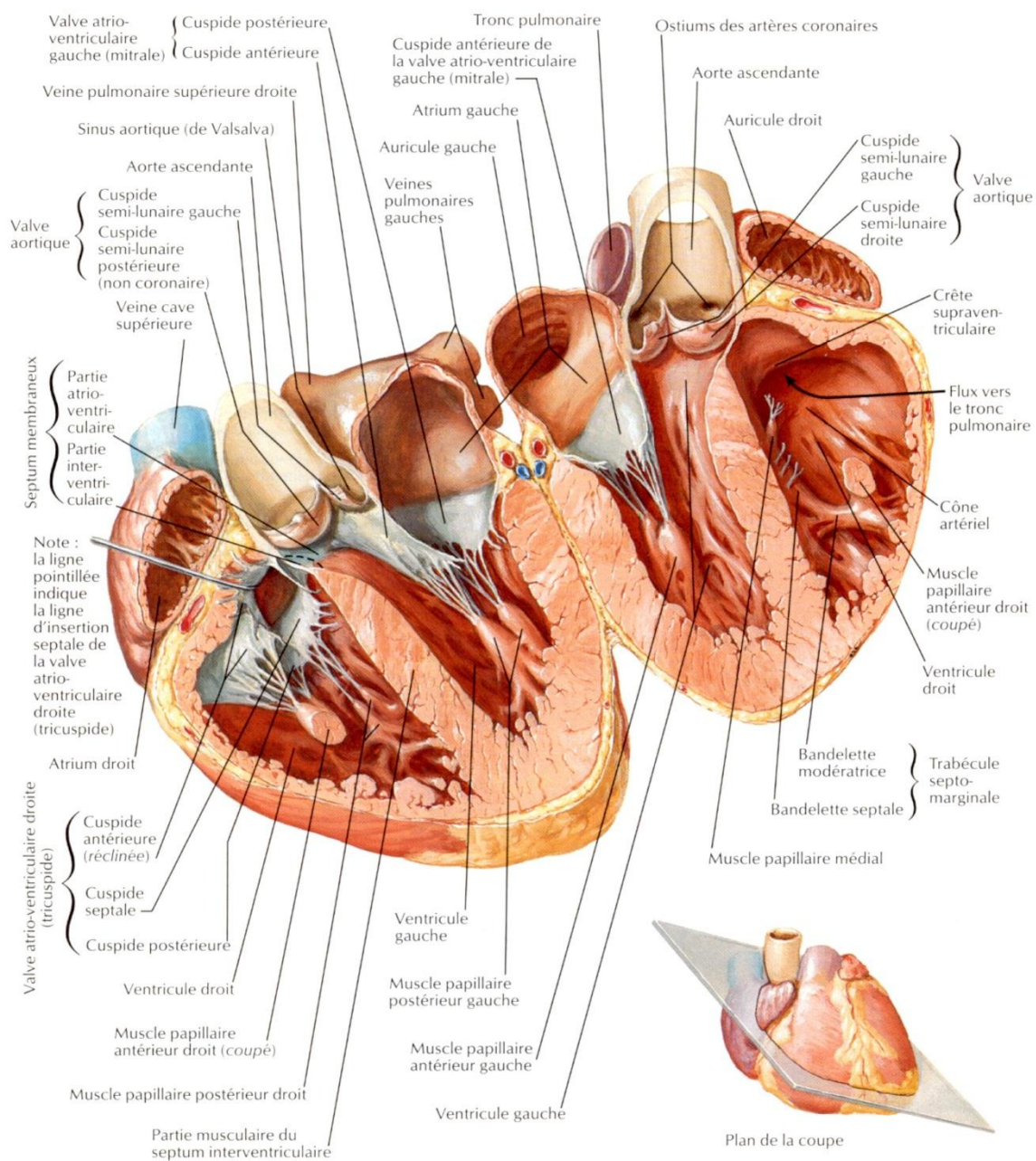
**Cœur en systole :**  
**vue de la base avec ablation des atriums**

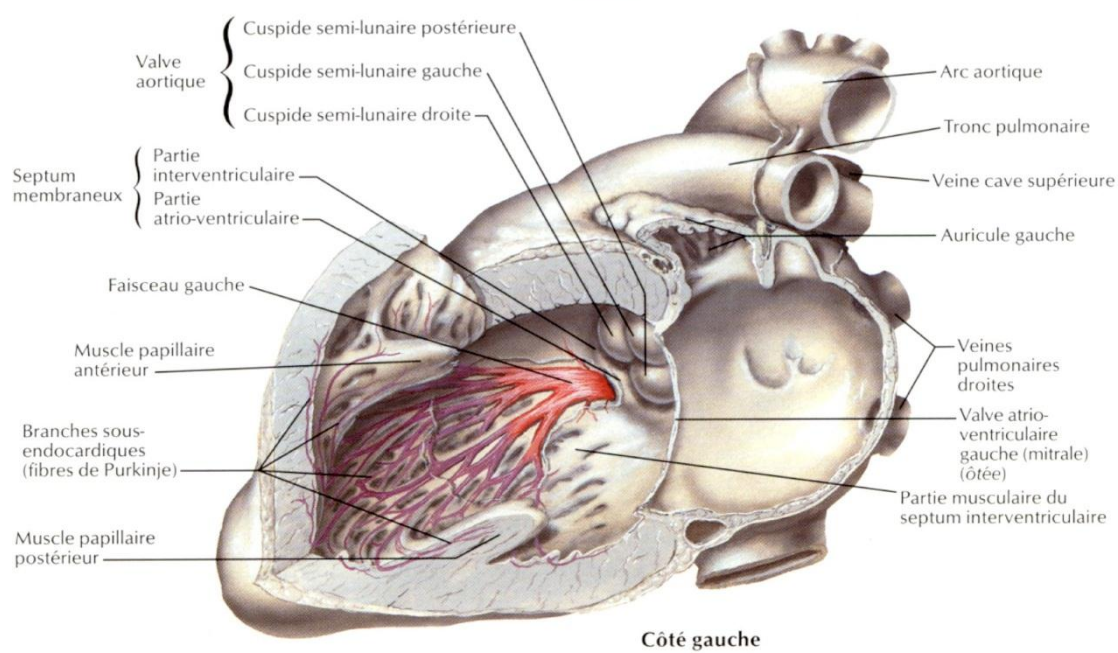
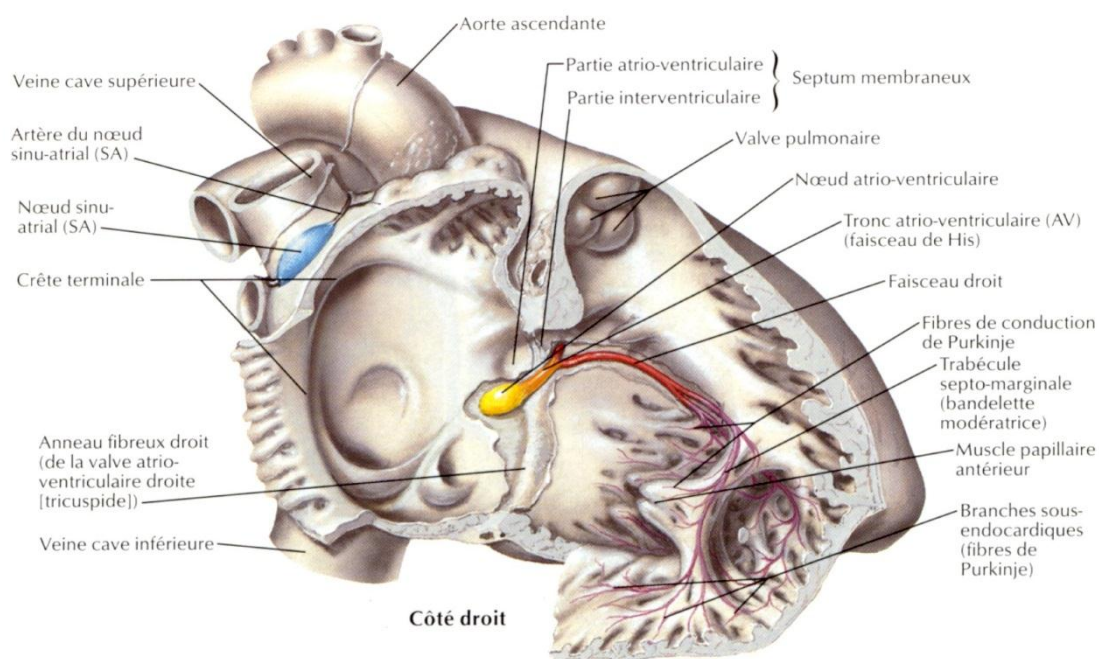
\* De l'artère coronaire gauche

† De l'artère coronaire droite

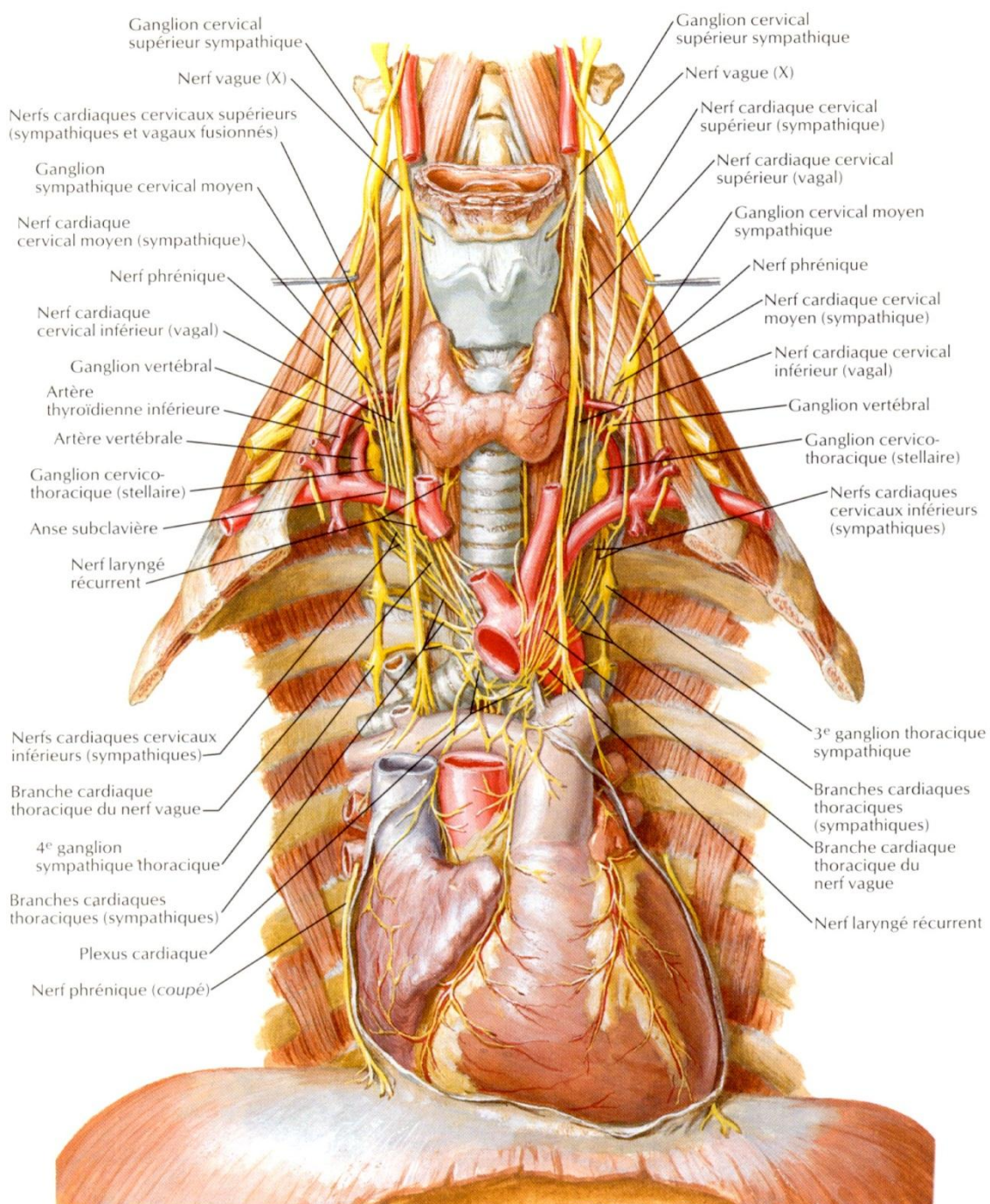


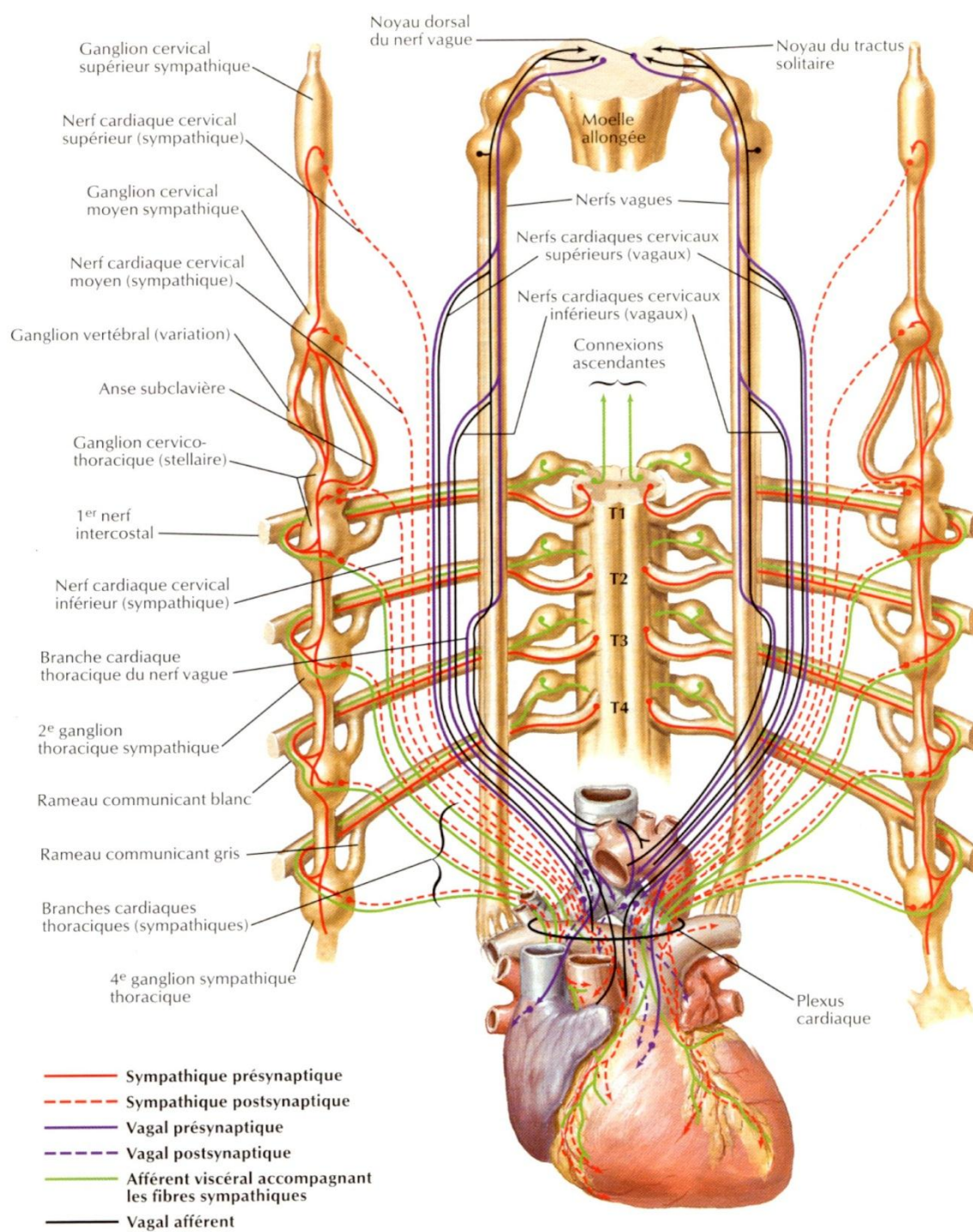




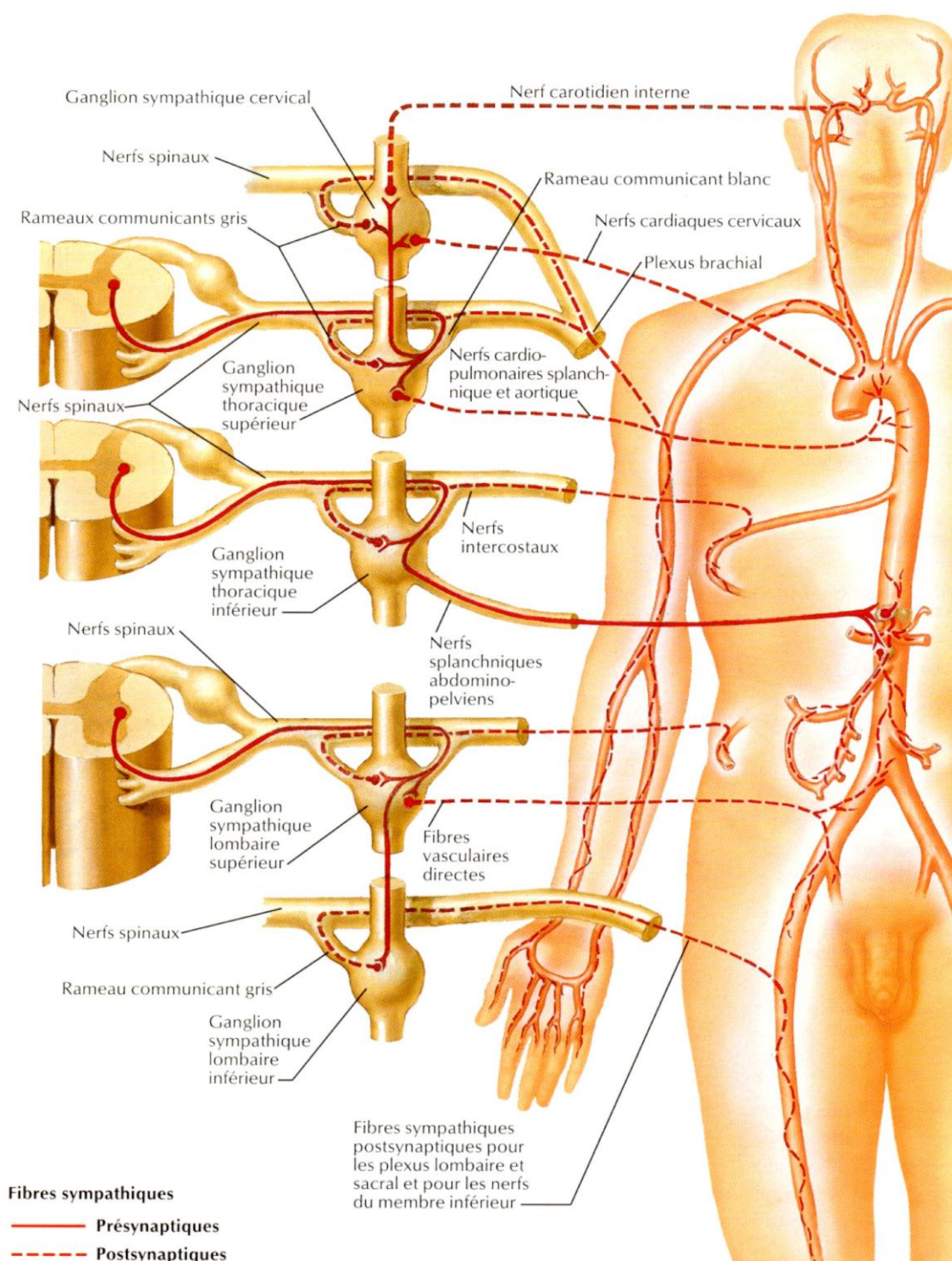




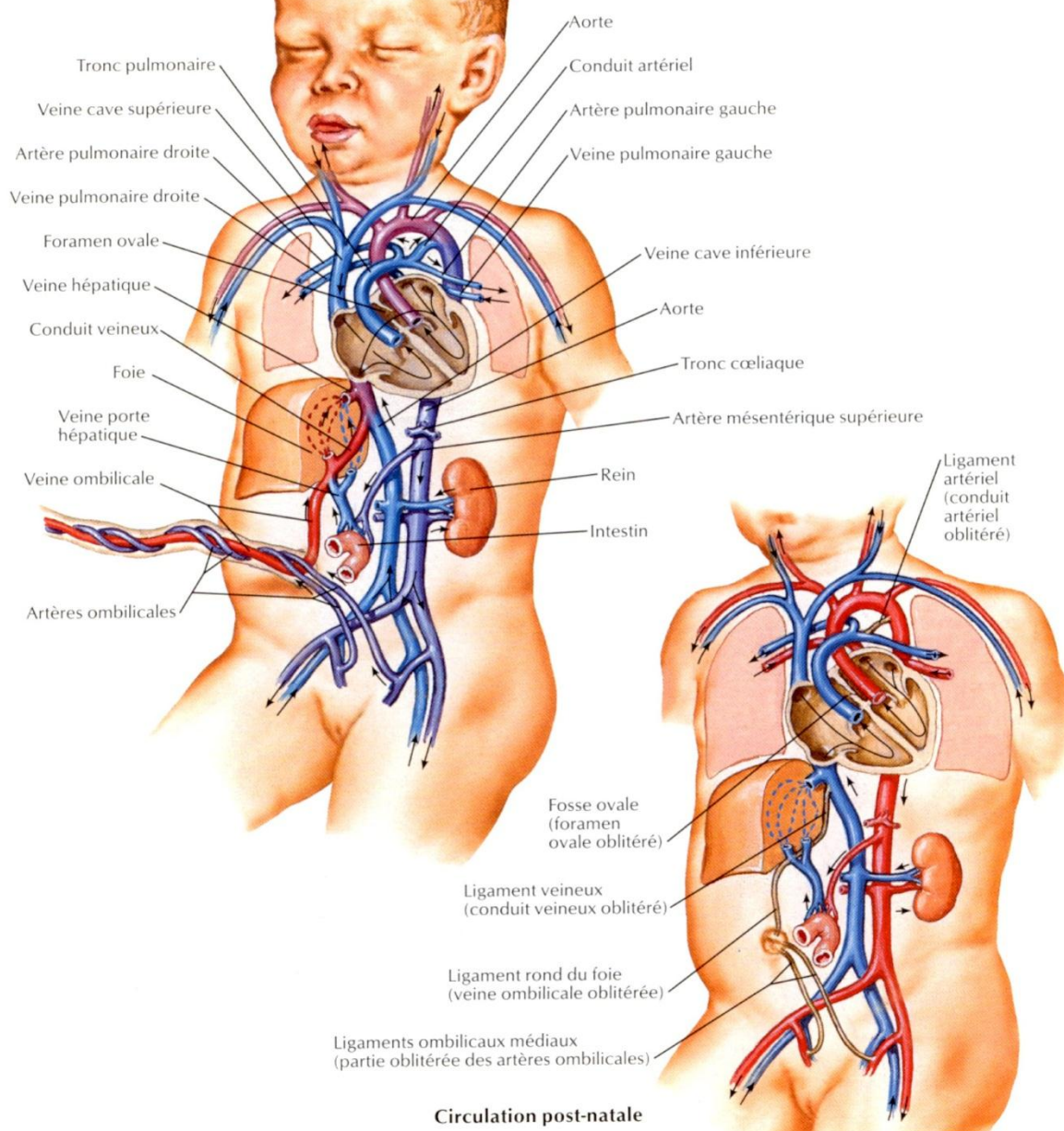






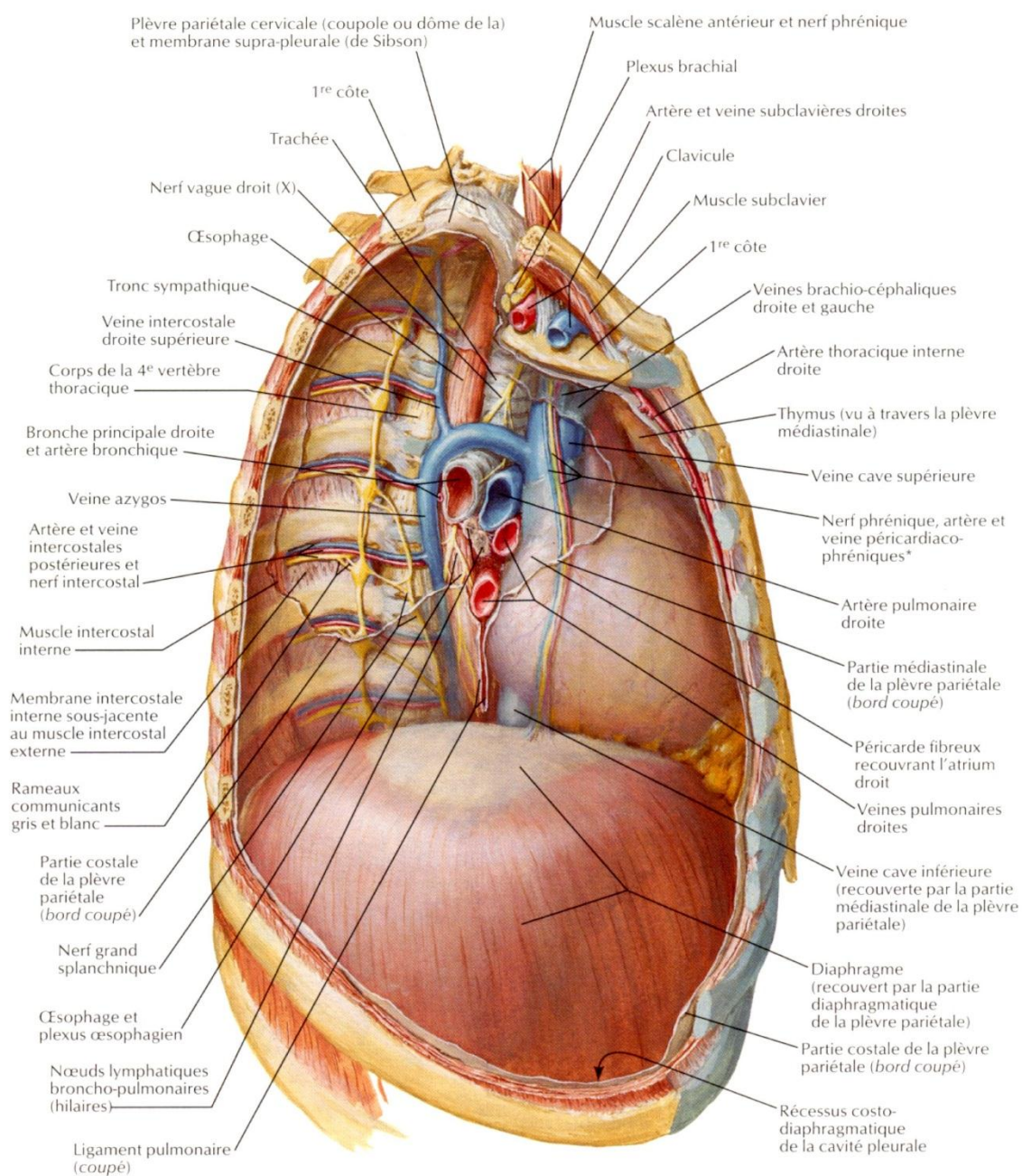


### Circulation pré-natale

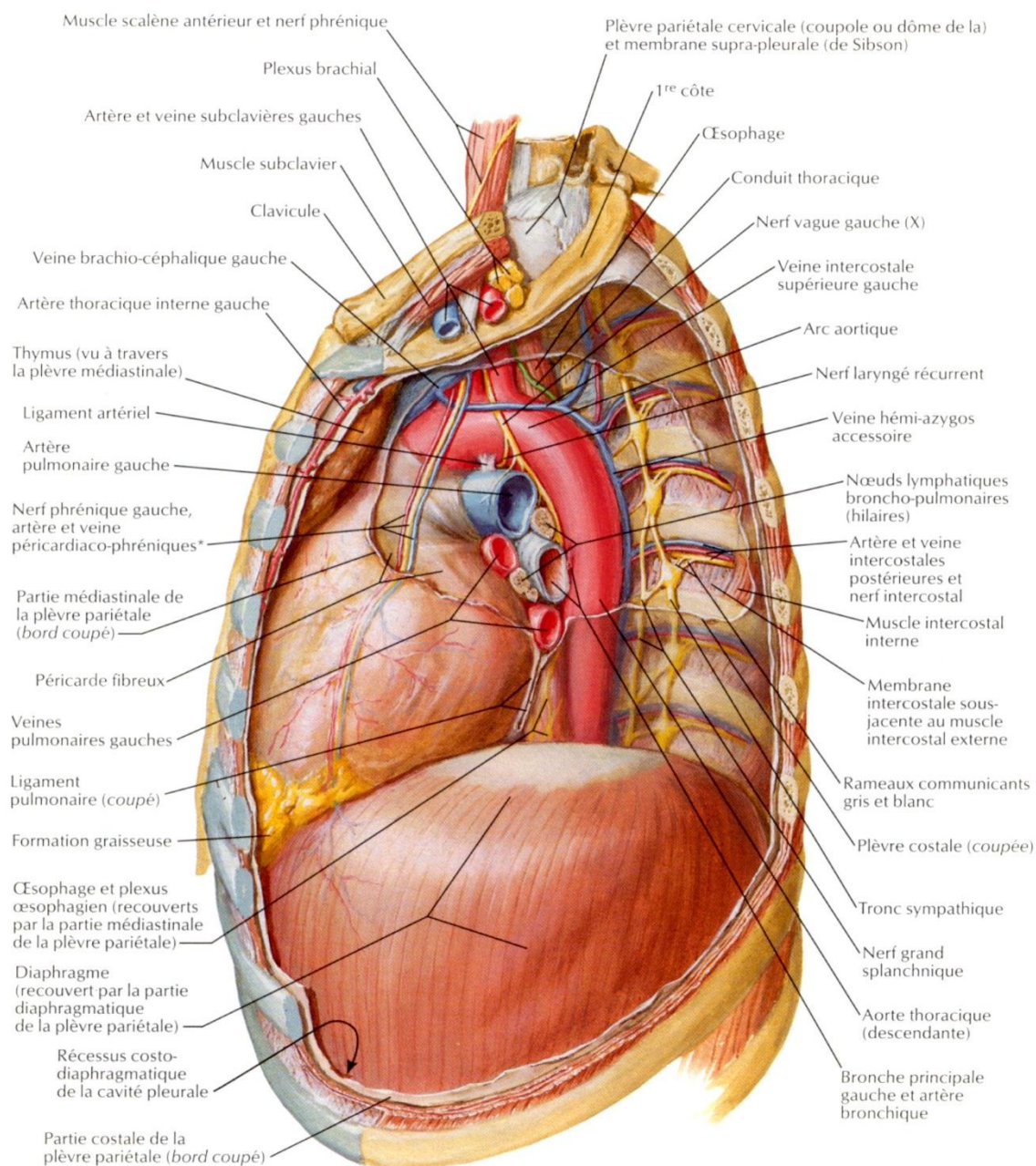




## e. Médiastin

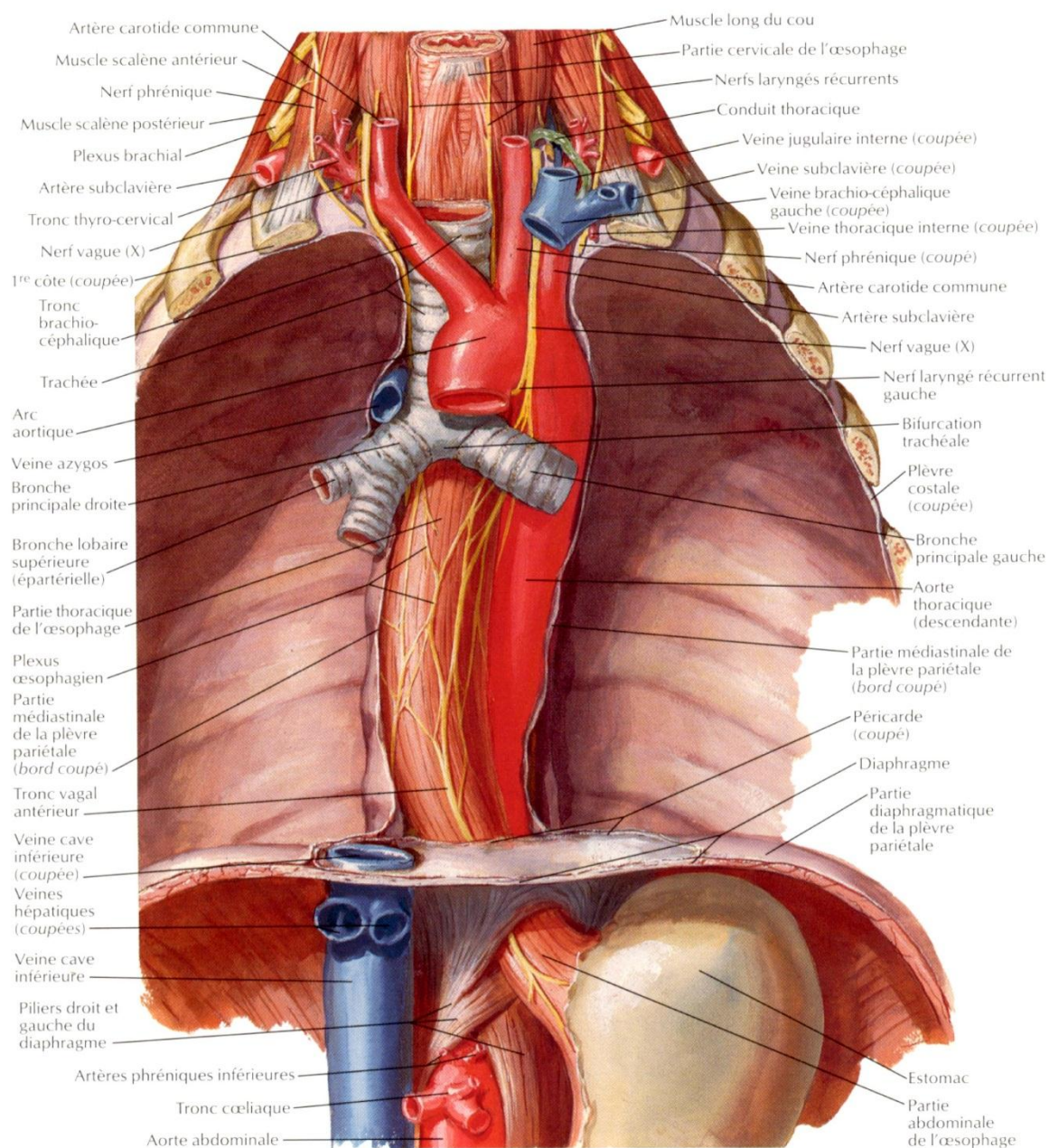


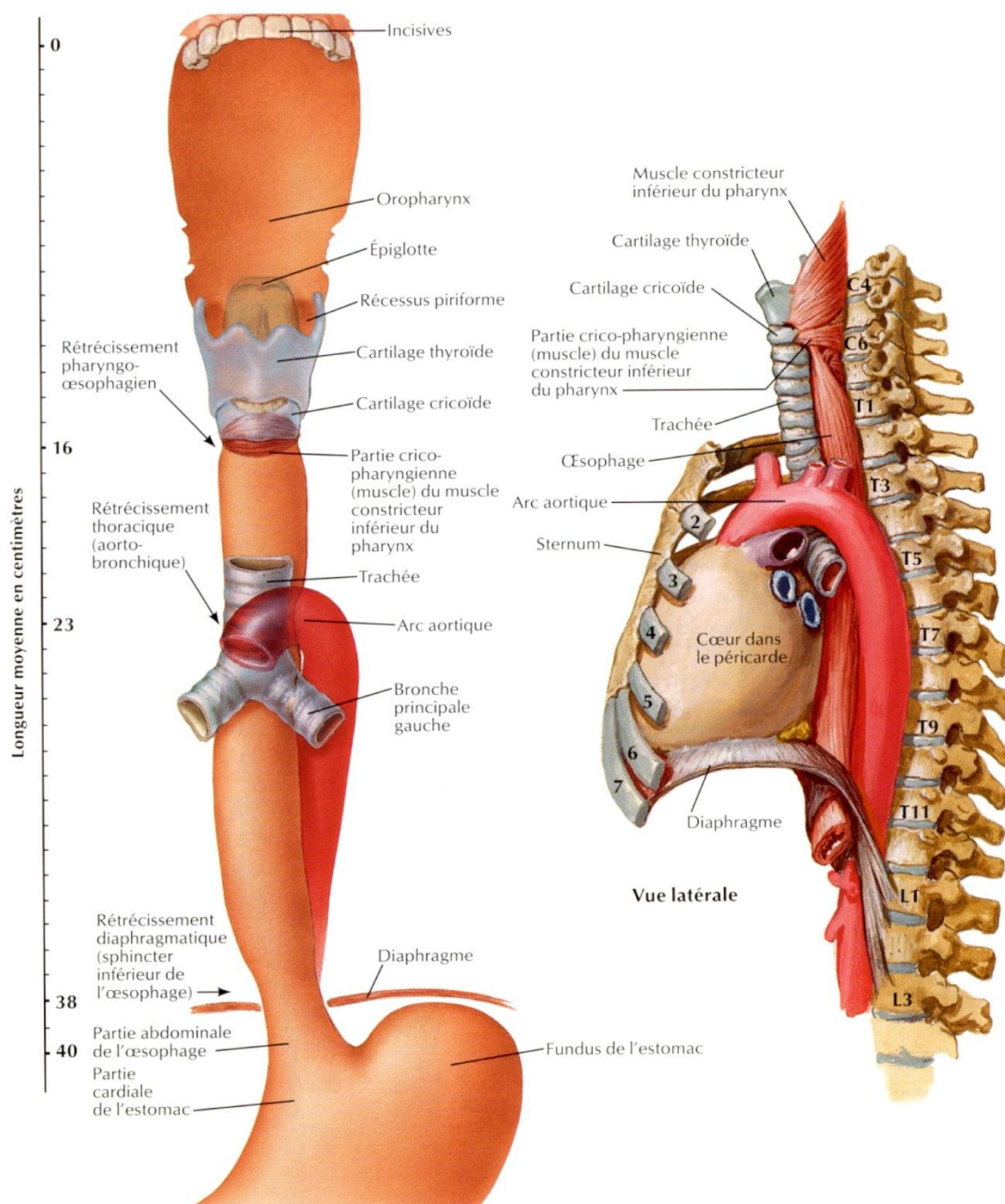
\* Les vaisseaux et les nerfs cheminent habituellement séparément



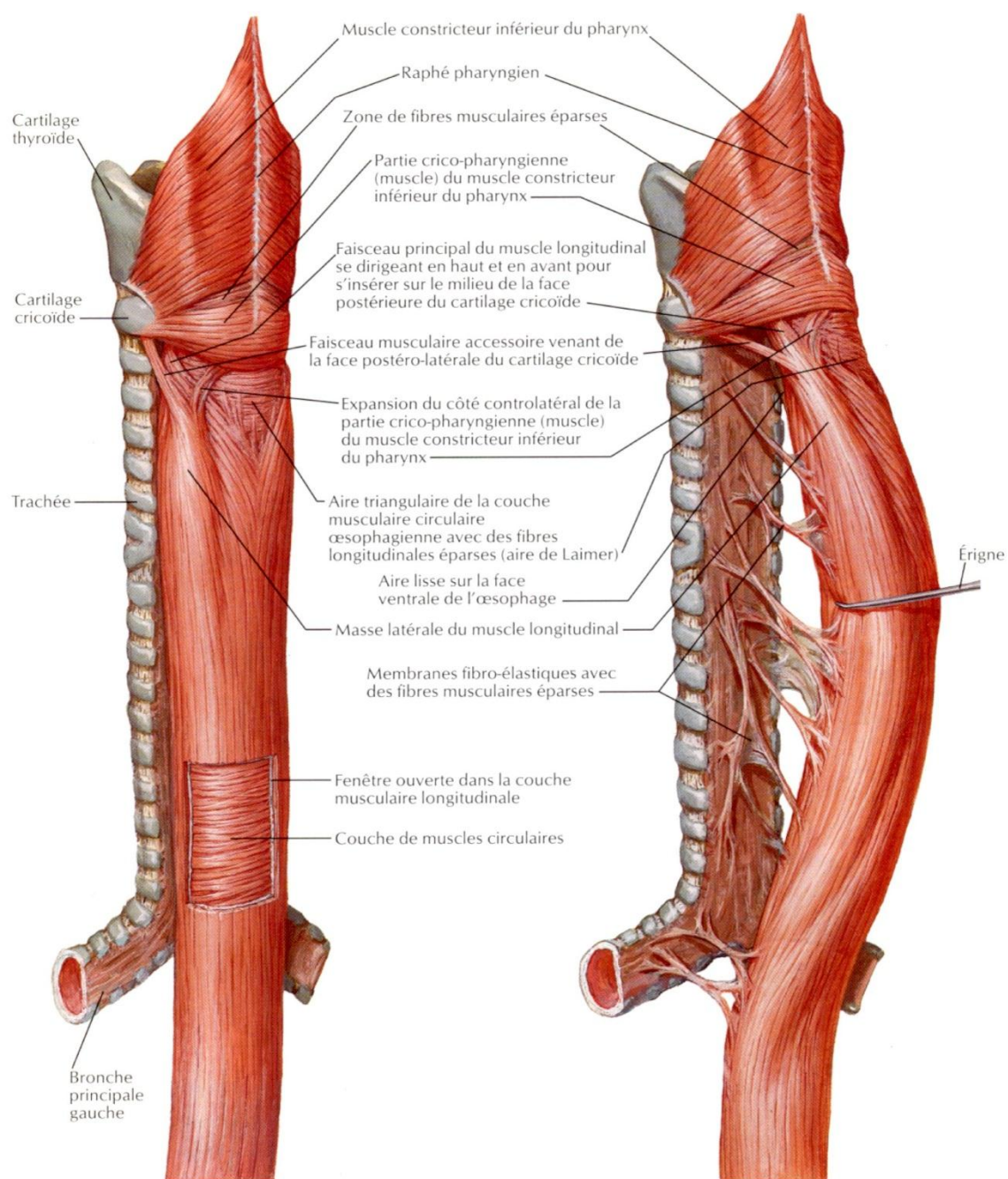
\* Les vaisseaux et les nerfs cheminent habituellement séparément

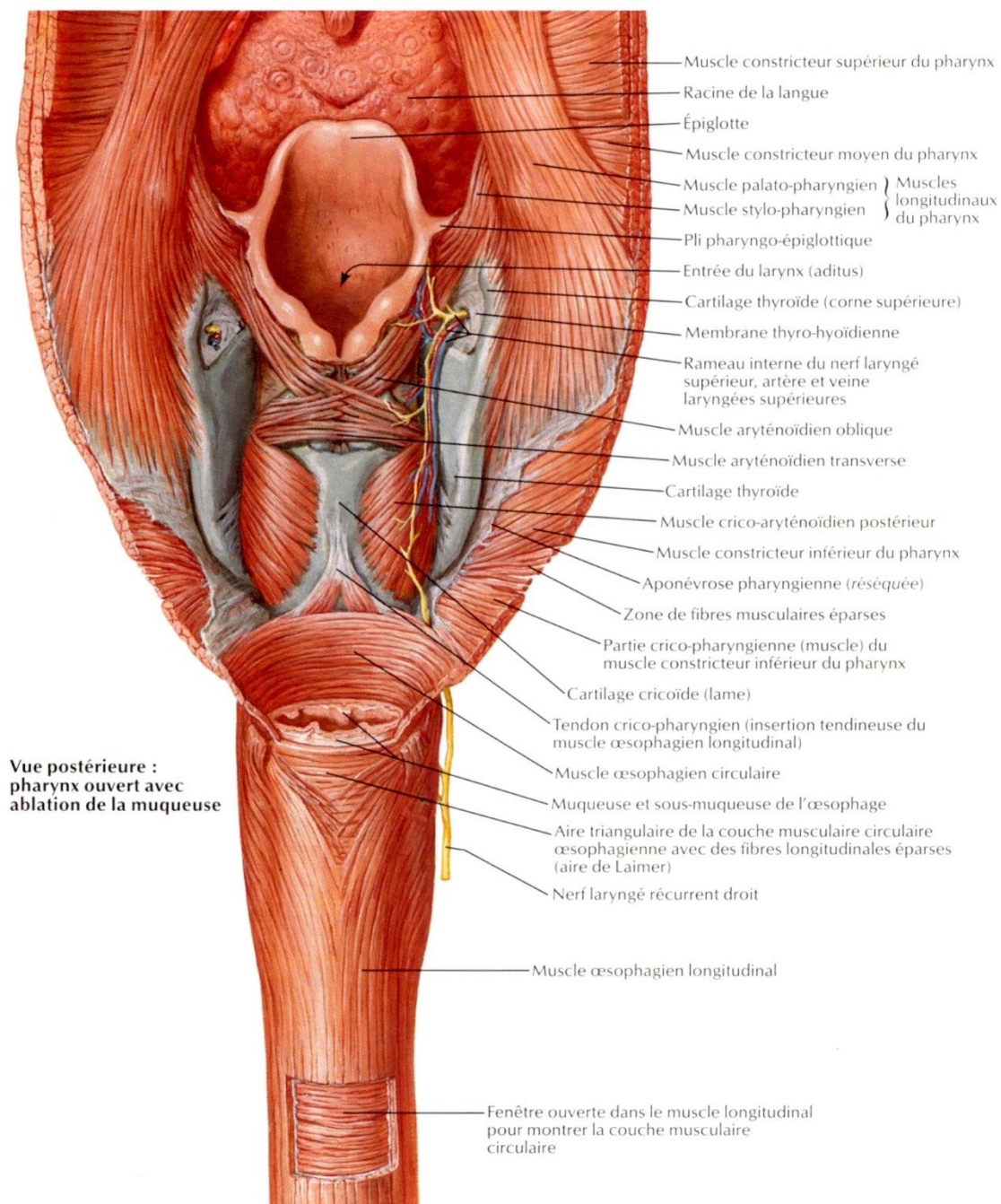




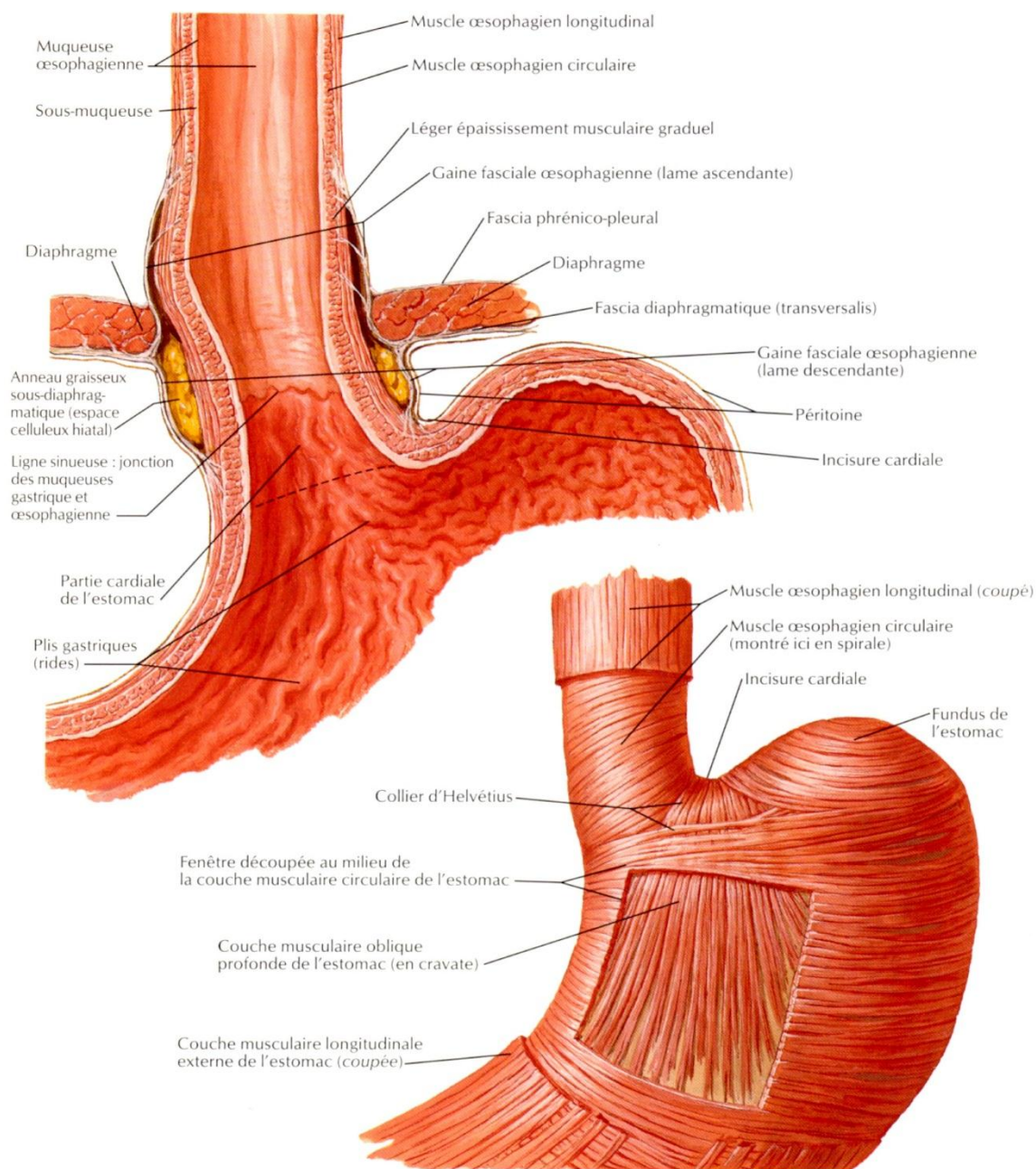


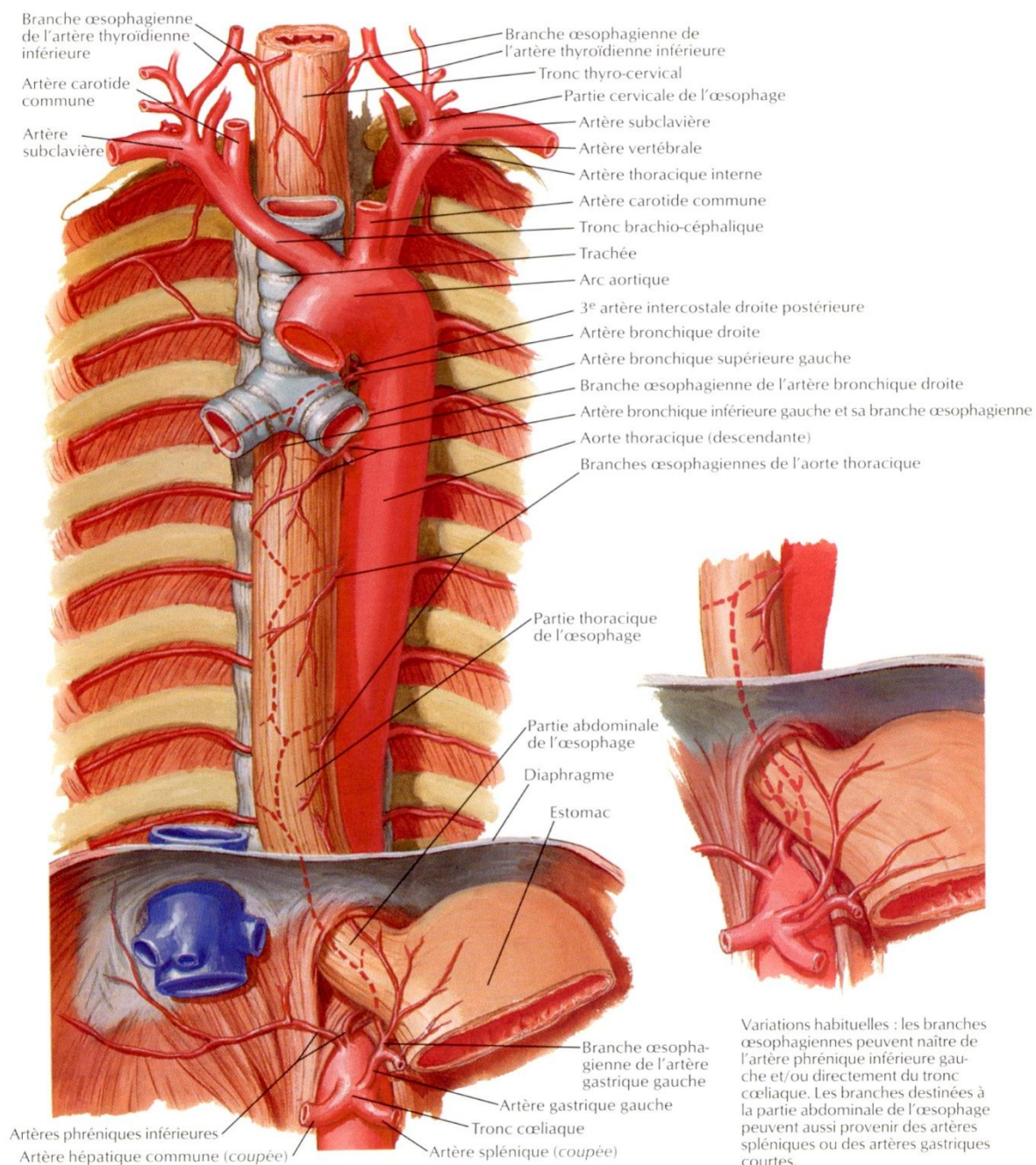




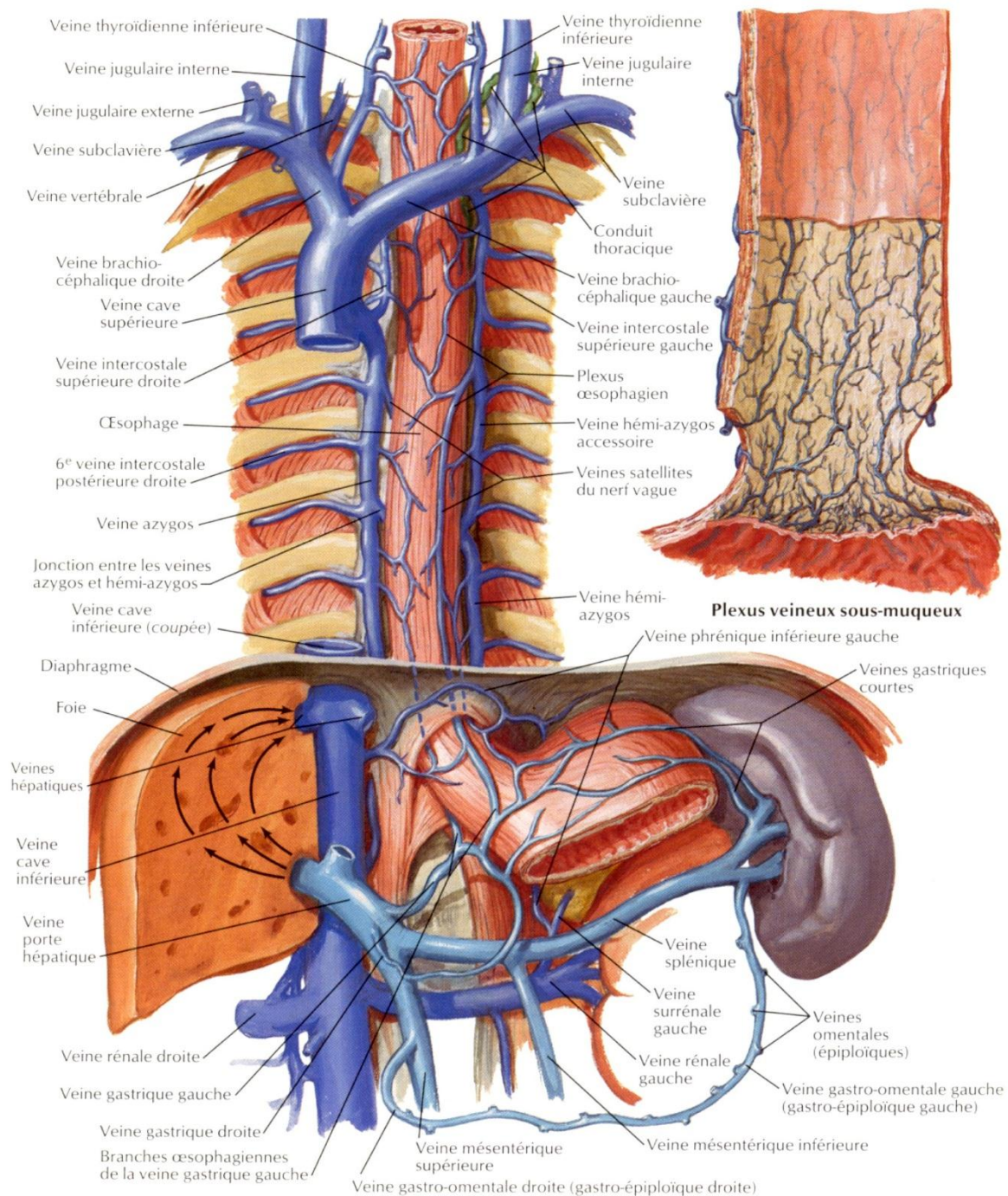


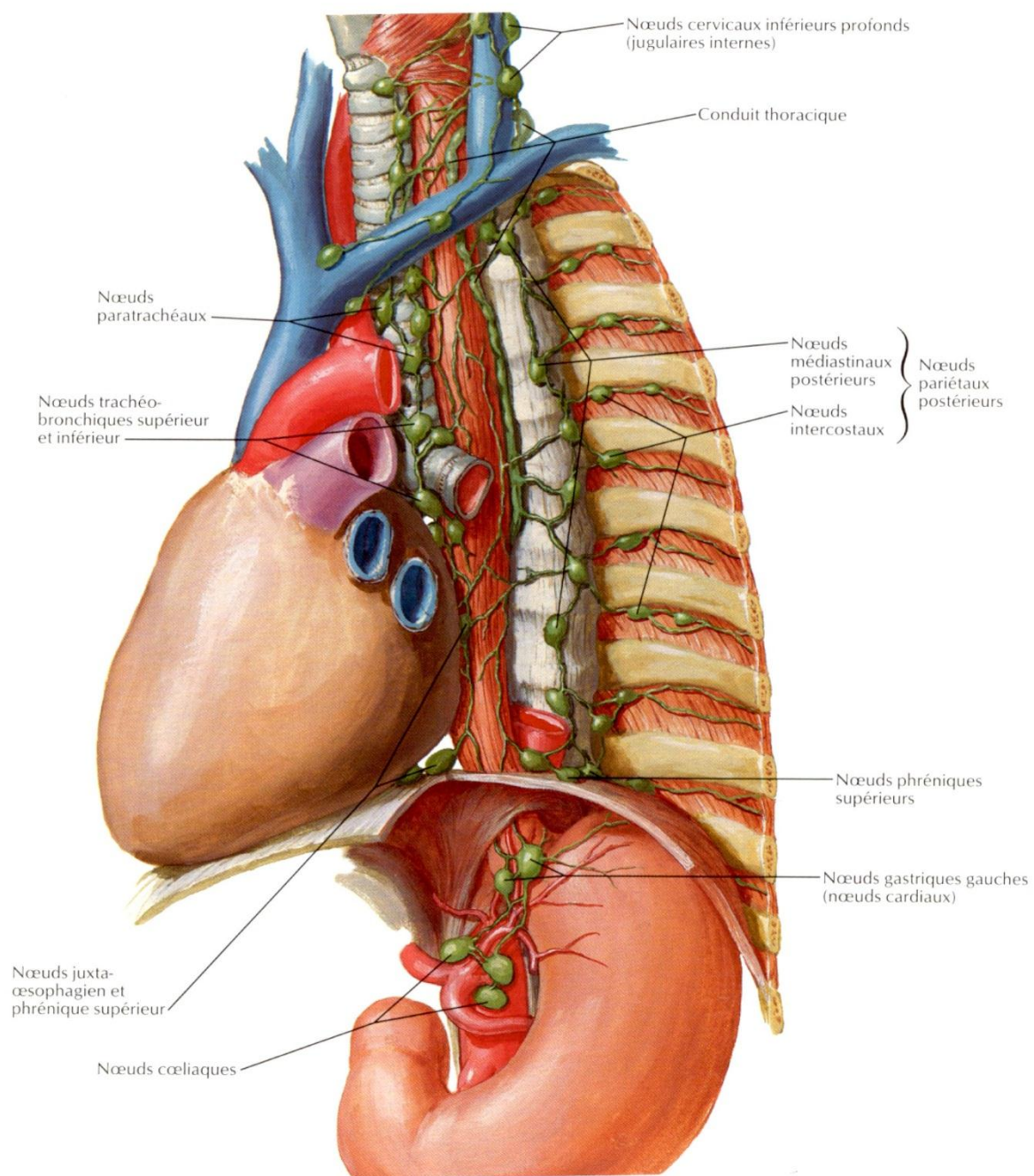




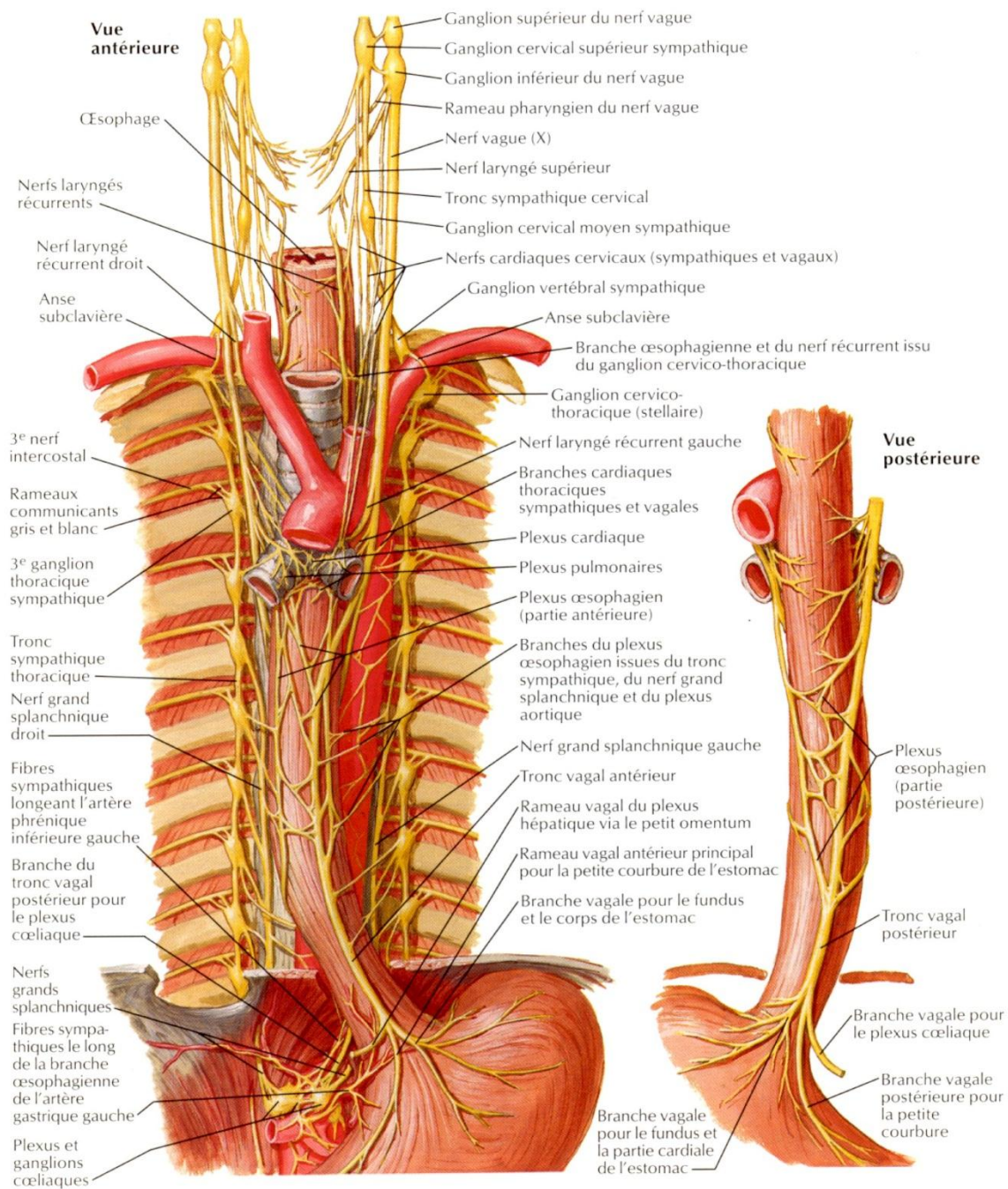




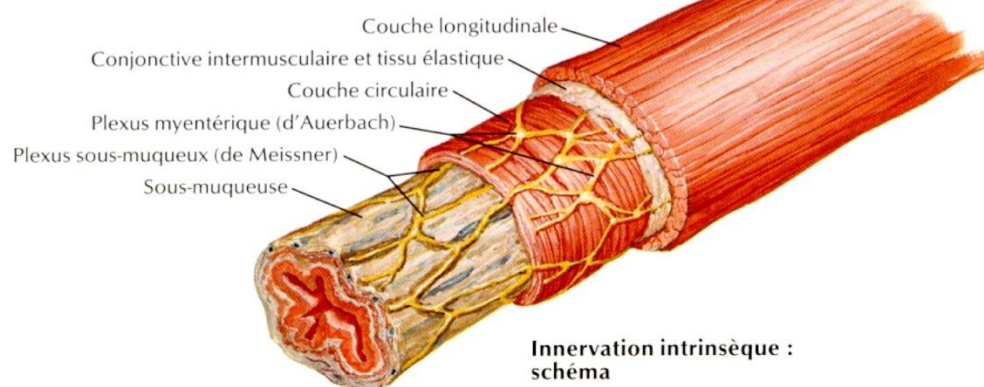
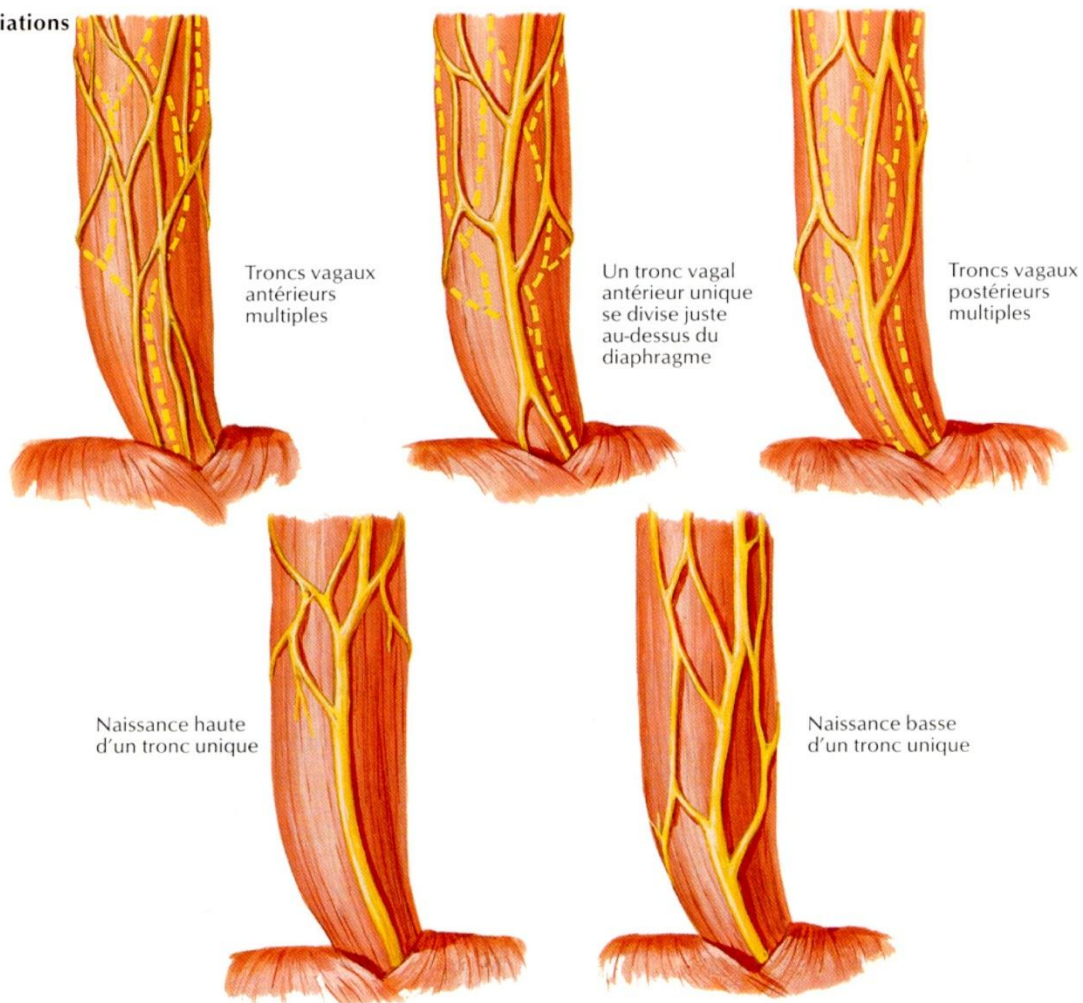




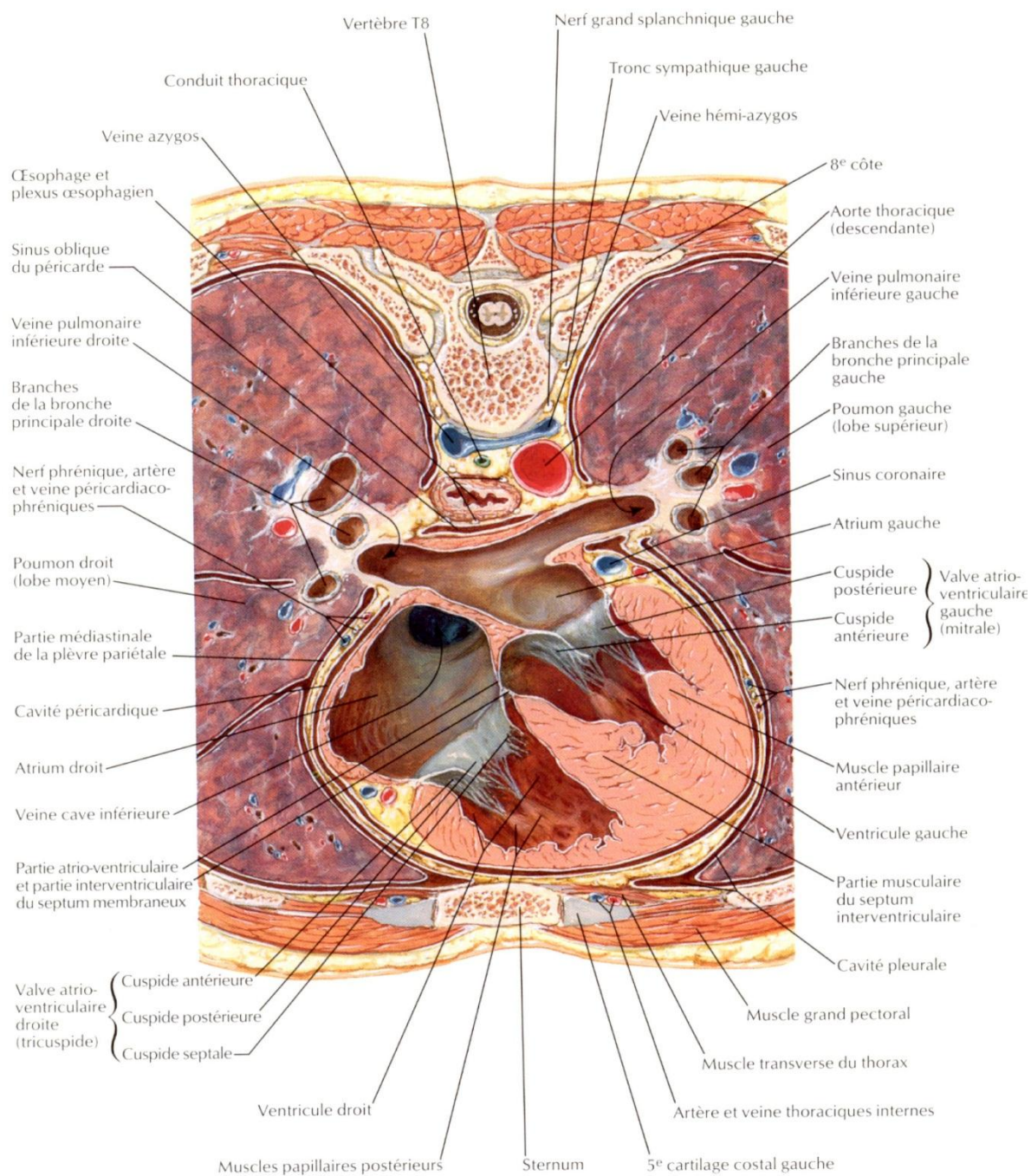




## Variations



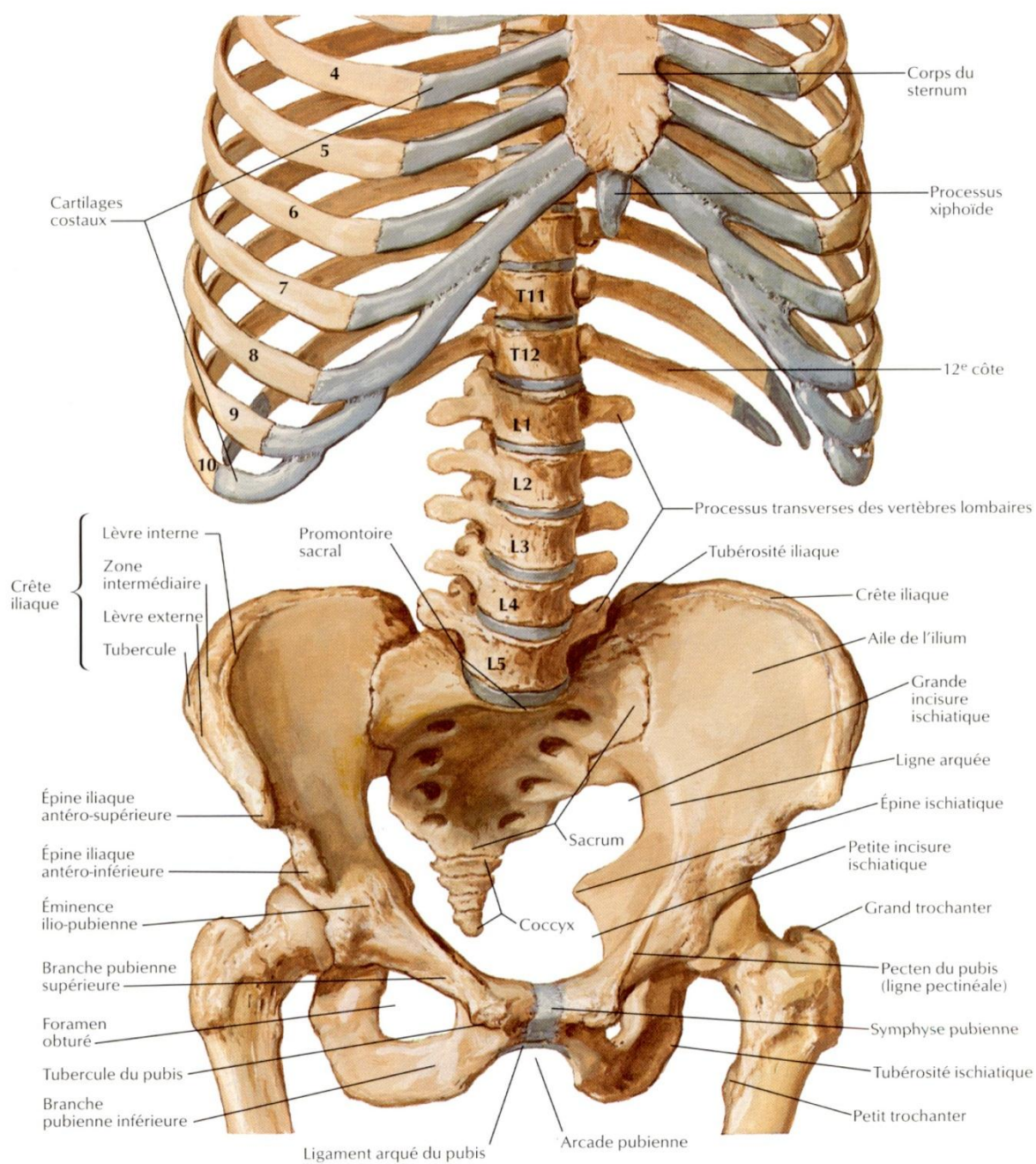


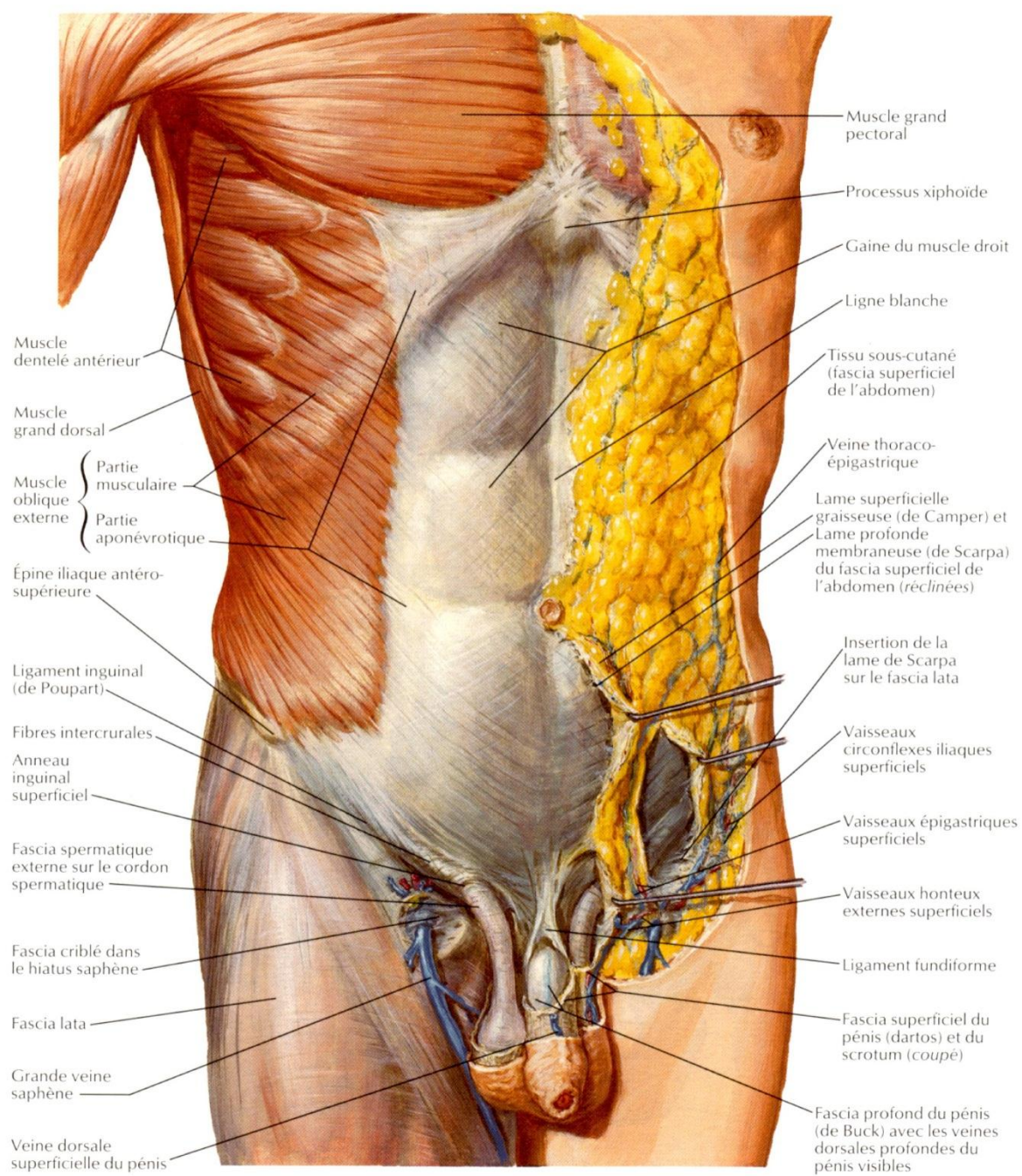


## **Section 4 – Abdomen**

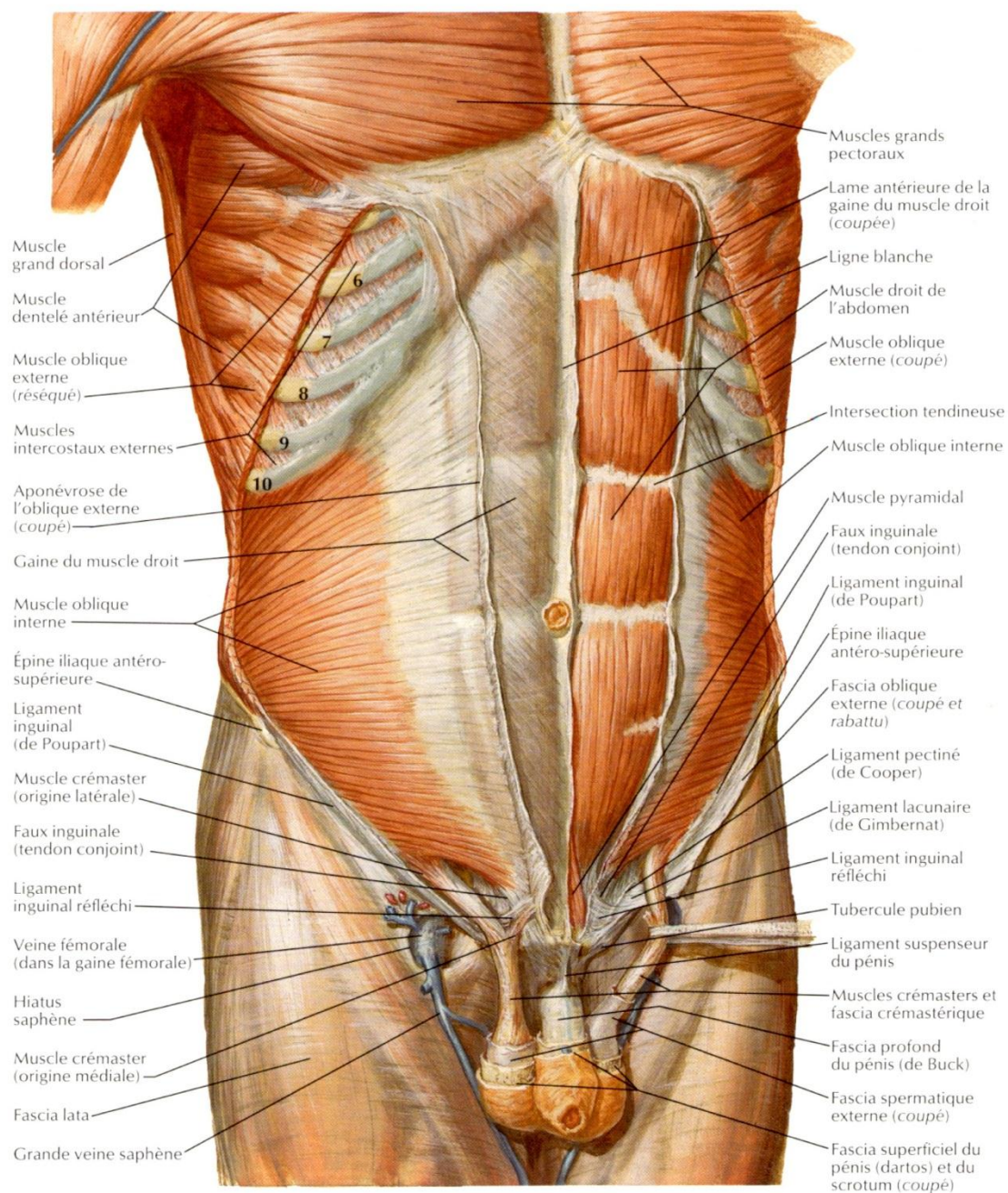


## a. Parois du corps

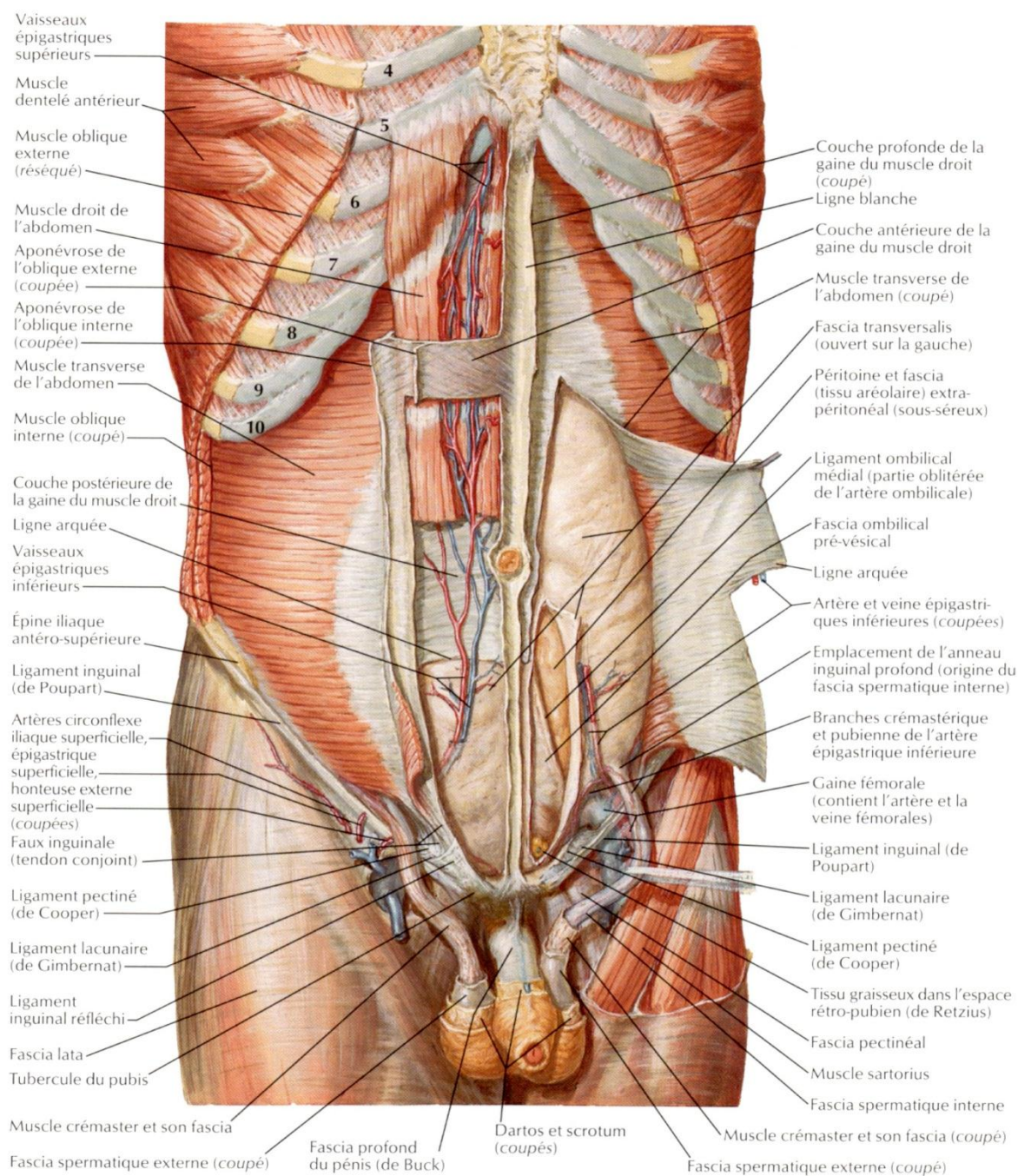






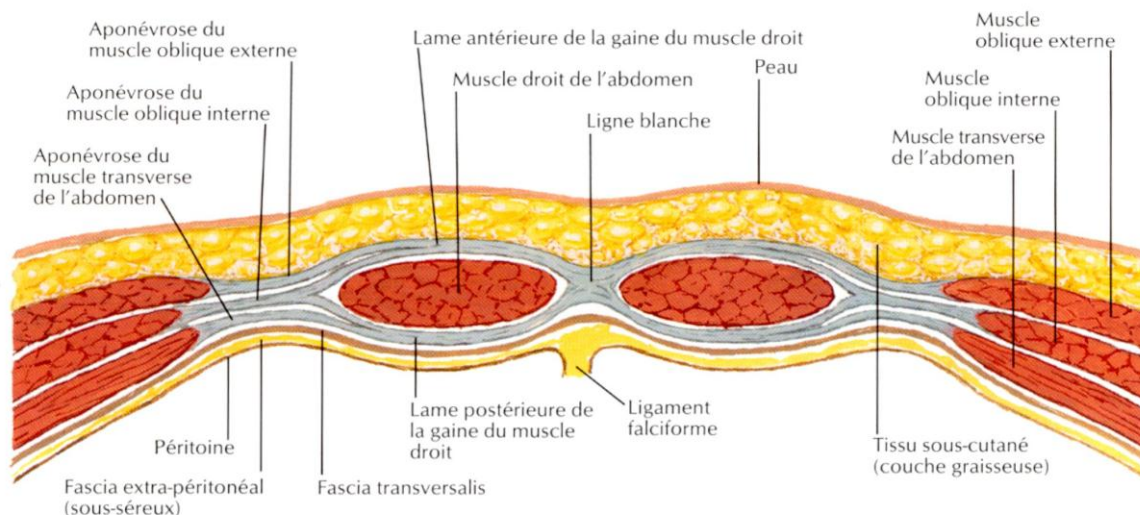






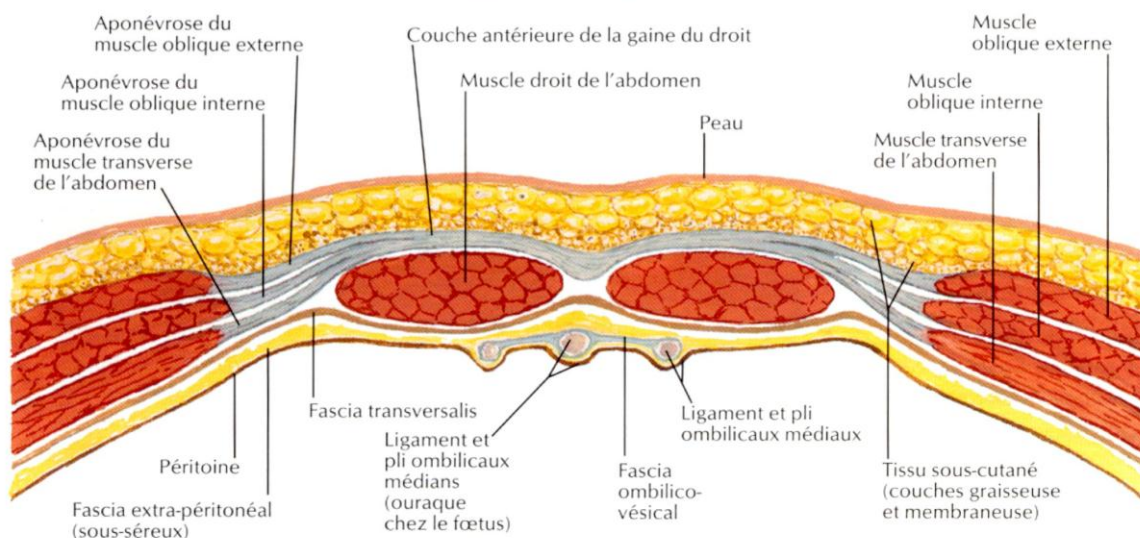


### Coupe au-dessus de la ligne arquée

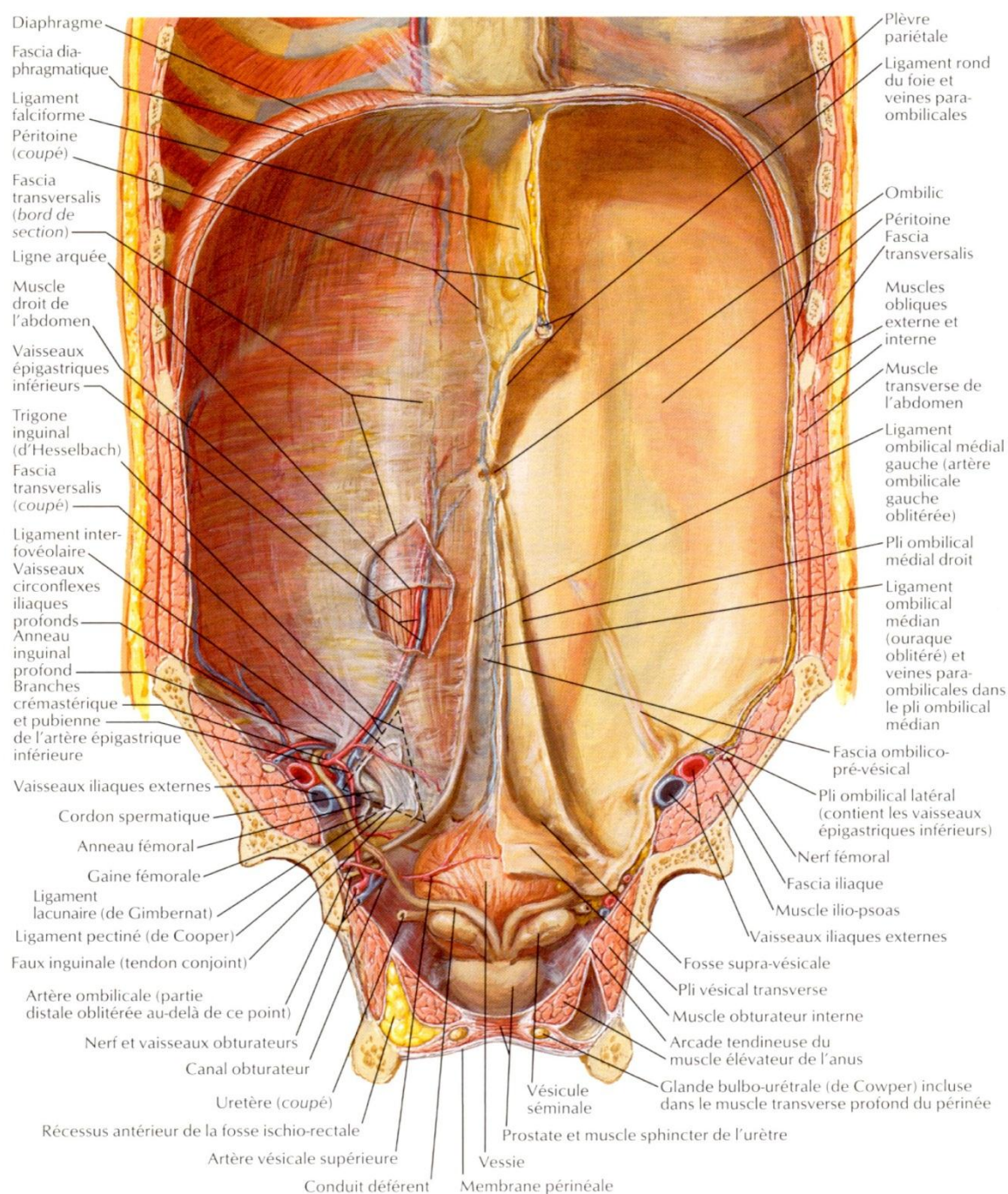


L'aponévrose du muscle oblique interne se dédouble pour former les lames antérieure et postérieure de la gaine du droit. L'aponévrose du muscle oblique externe adhère à la lame antérieure de la gaine ; l'aponévrose du muscle transverse de l'abdomen adhère à la lame postérieure des lames antérieure et postérieure de la gaine du droit qui s'unissent médialement pour former la ligne blanche.

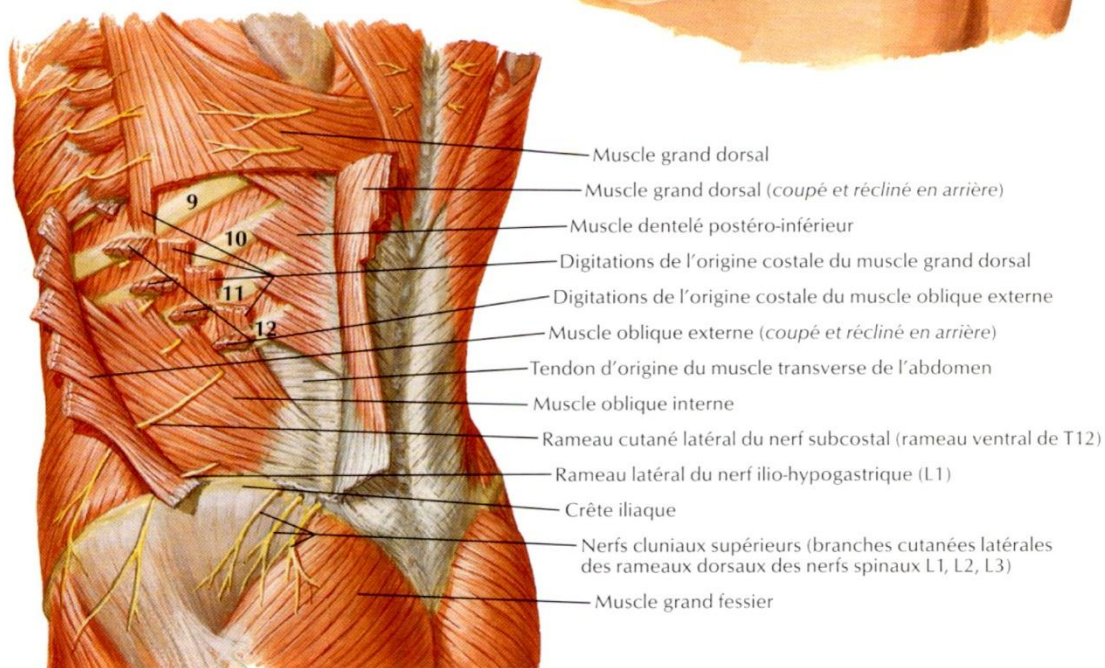
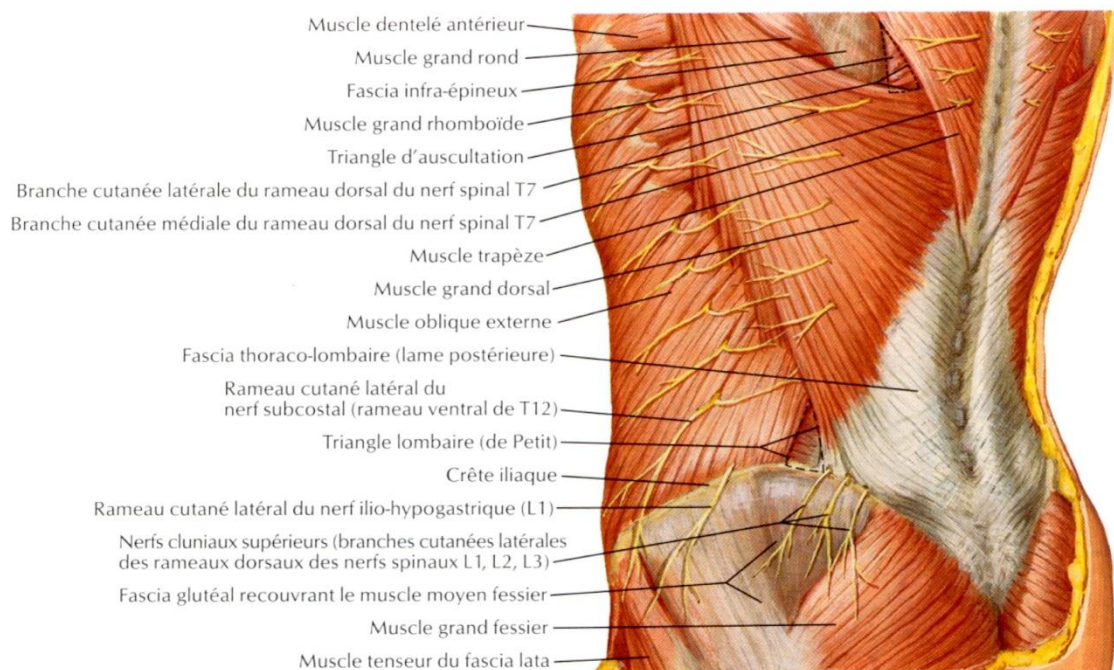
### Coupe sous la ligne arquée

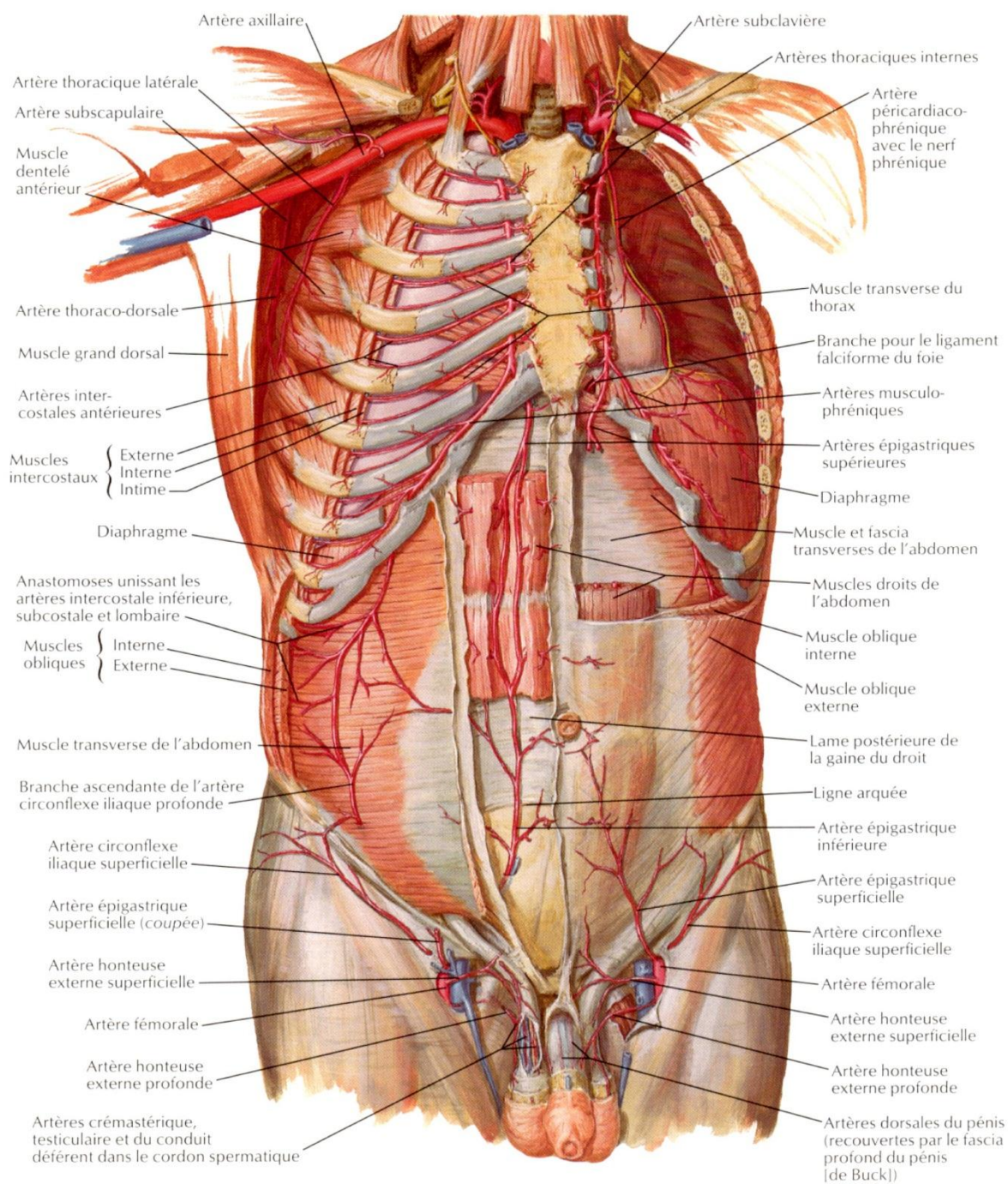


L'aponévrose du muscle oblique interne ne se dédouble pas à ce niveau, mais passe complètement en avant du muscle droit de l'abdomen et s'accôle ici aux aponévroses des muscles oblique externe et transverse de l'abdomen ; ainsi, la lame postérieure de la gaine du droit est absente sous la ligne arquée et le muscle droit de l'abdomen est recouvert du fascia transversalis.

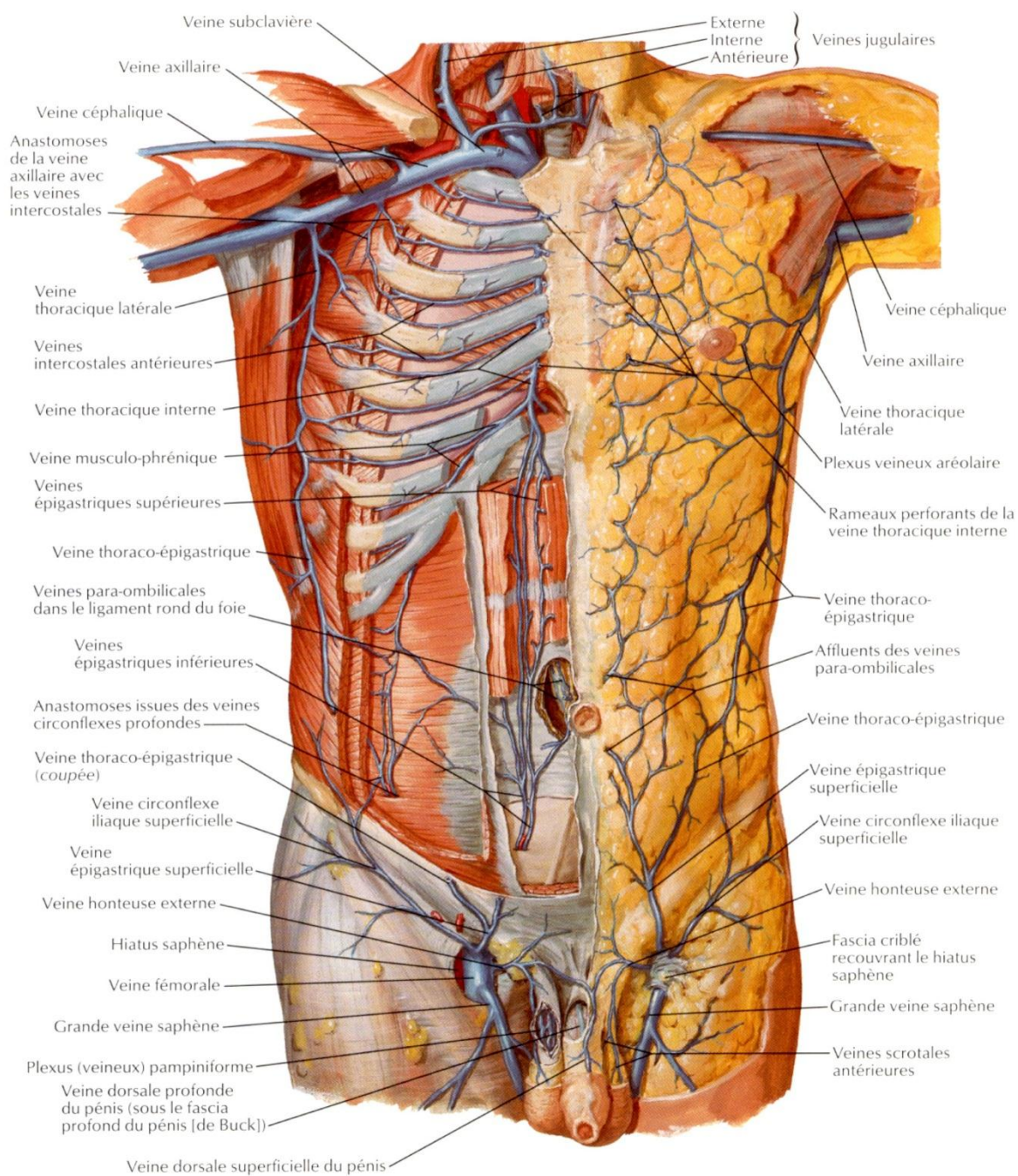


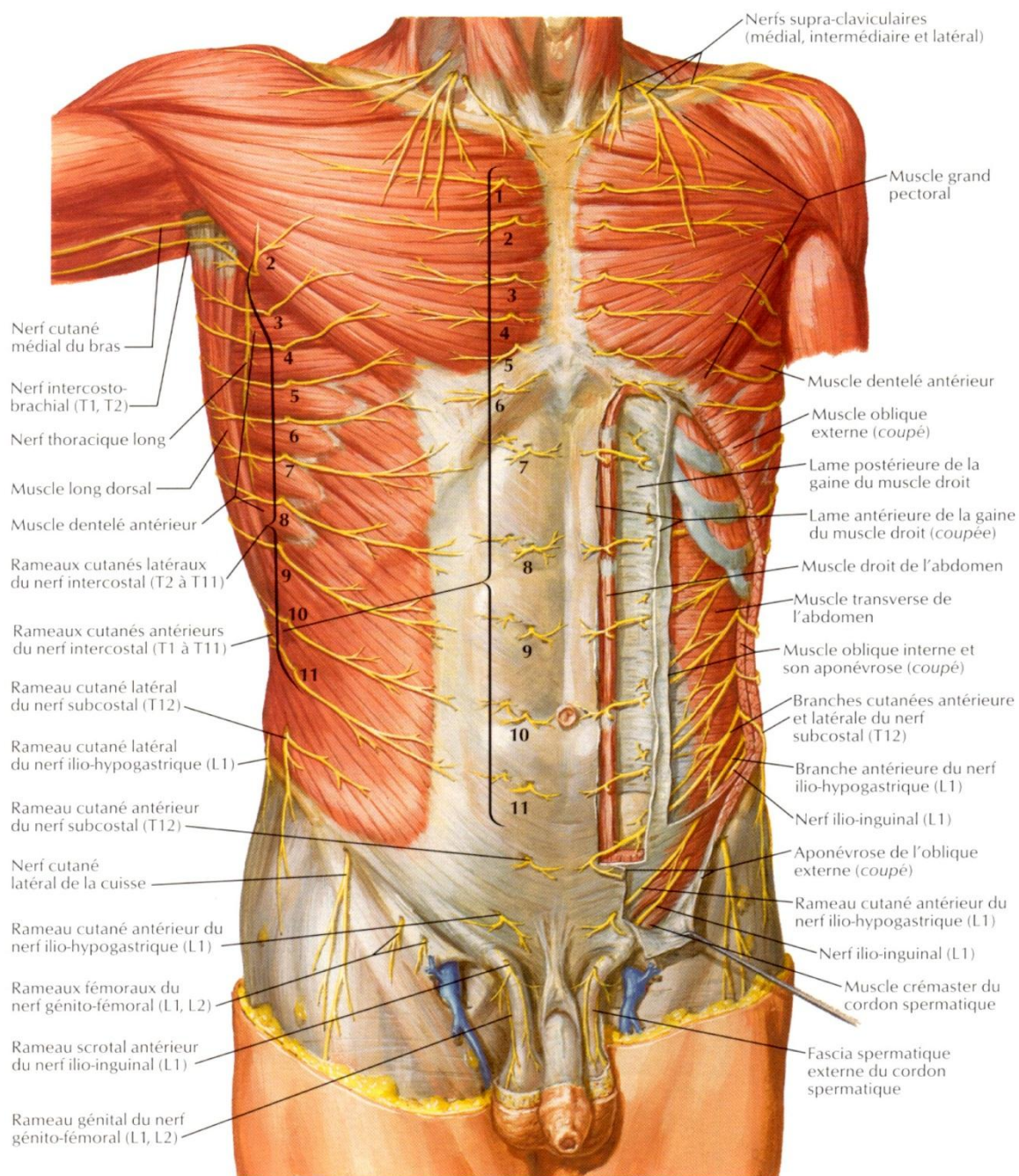




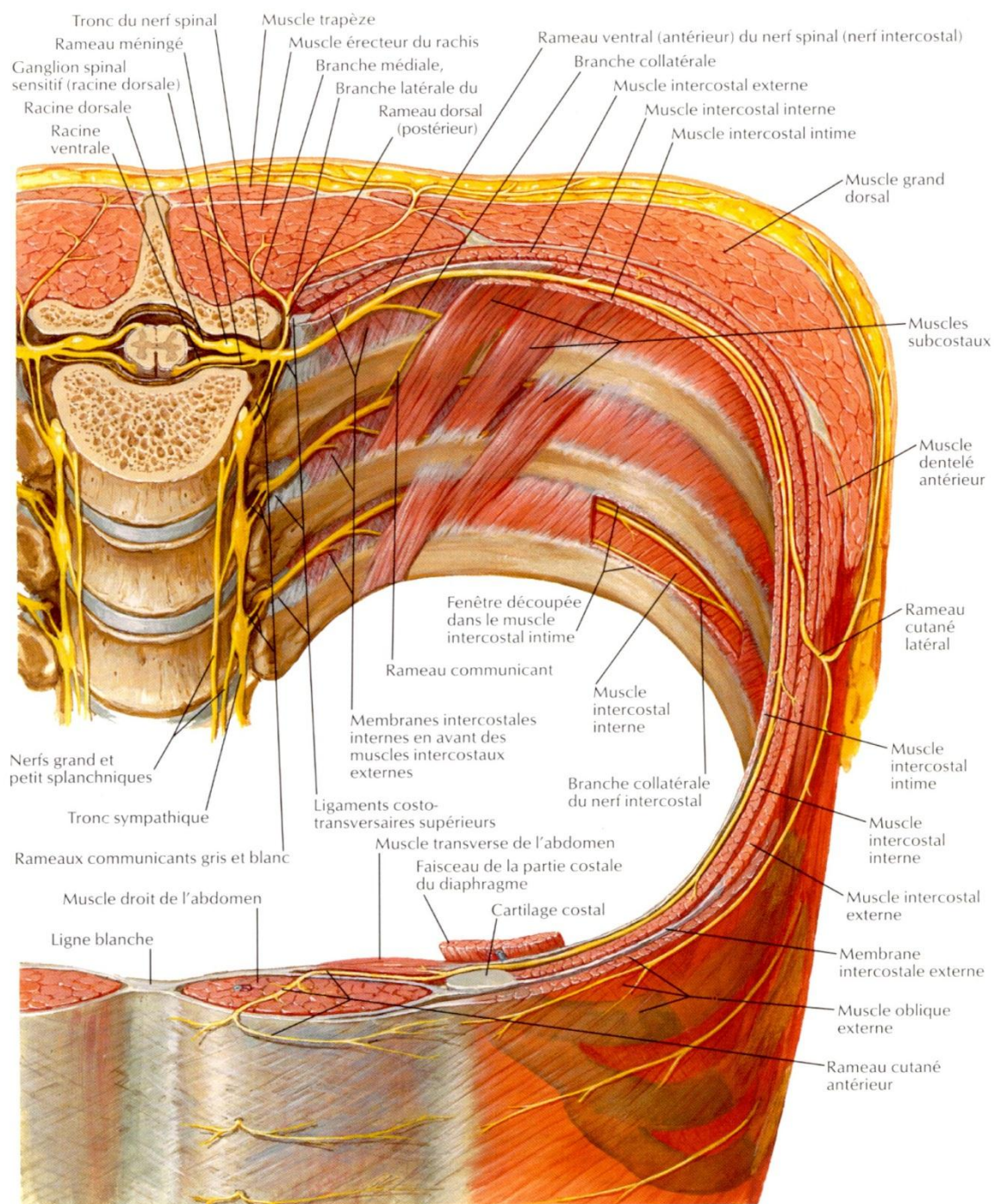


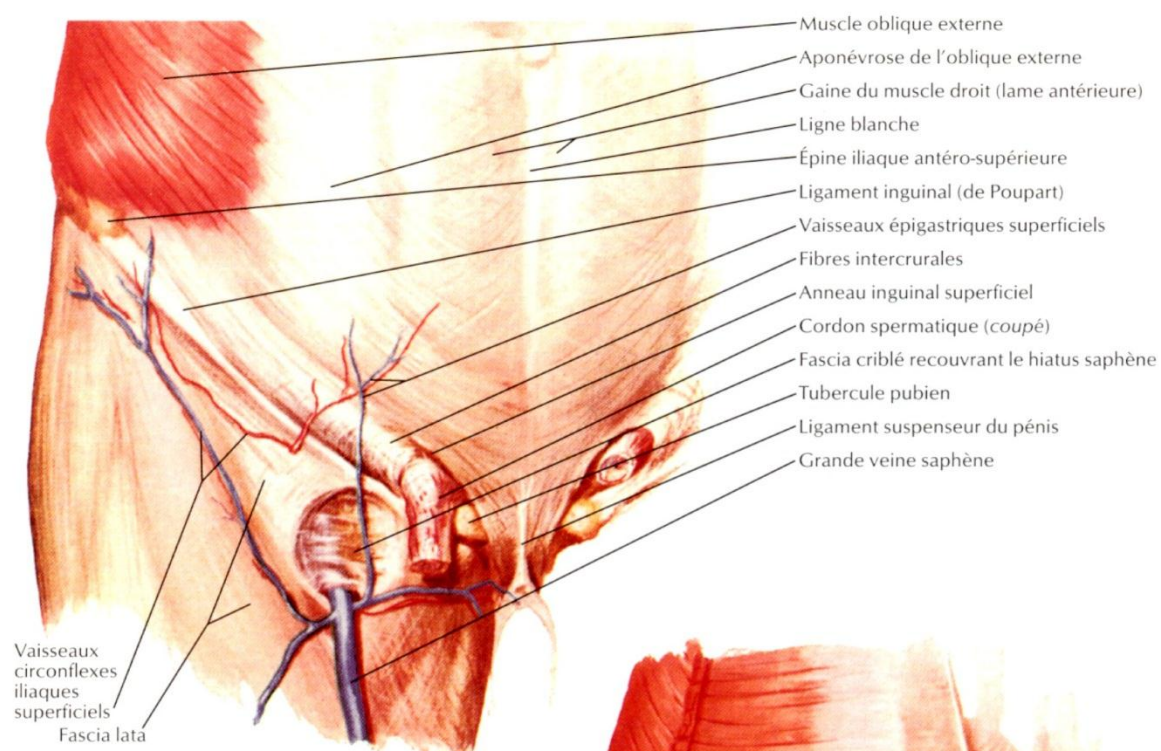




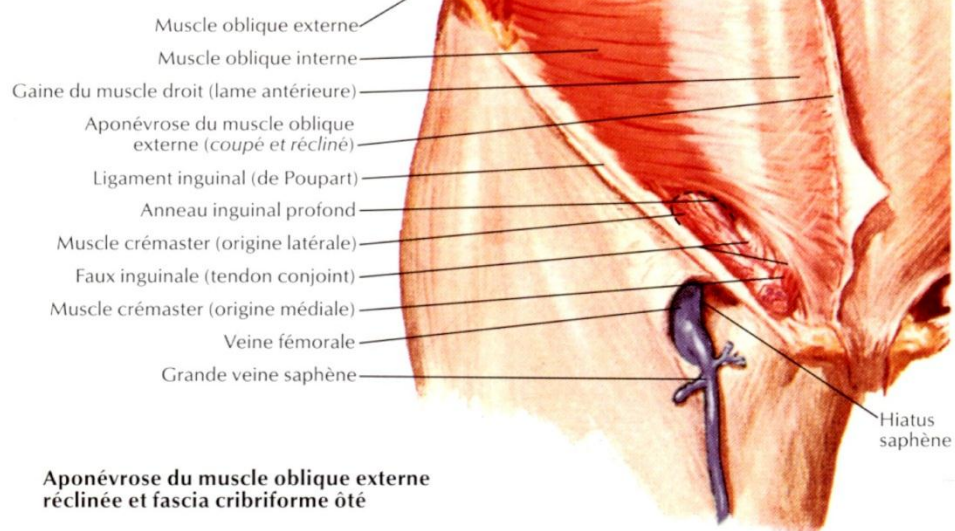






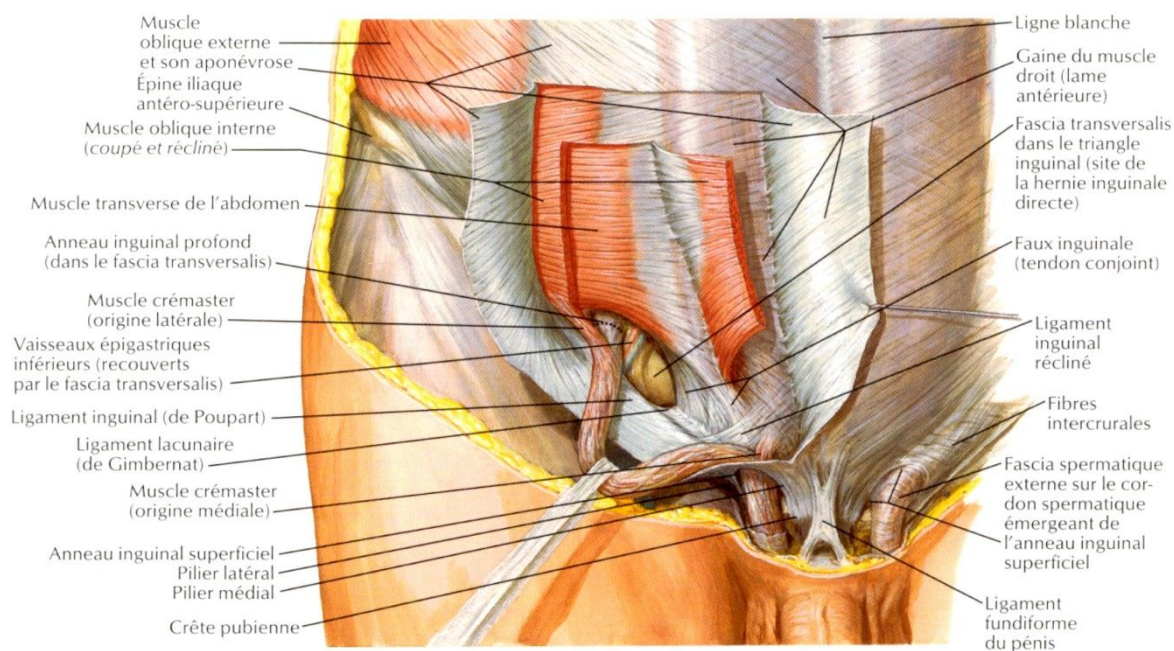


**Peau et tissu sous-cutané supprimés**

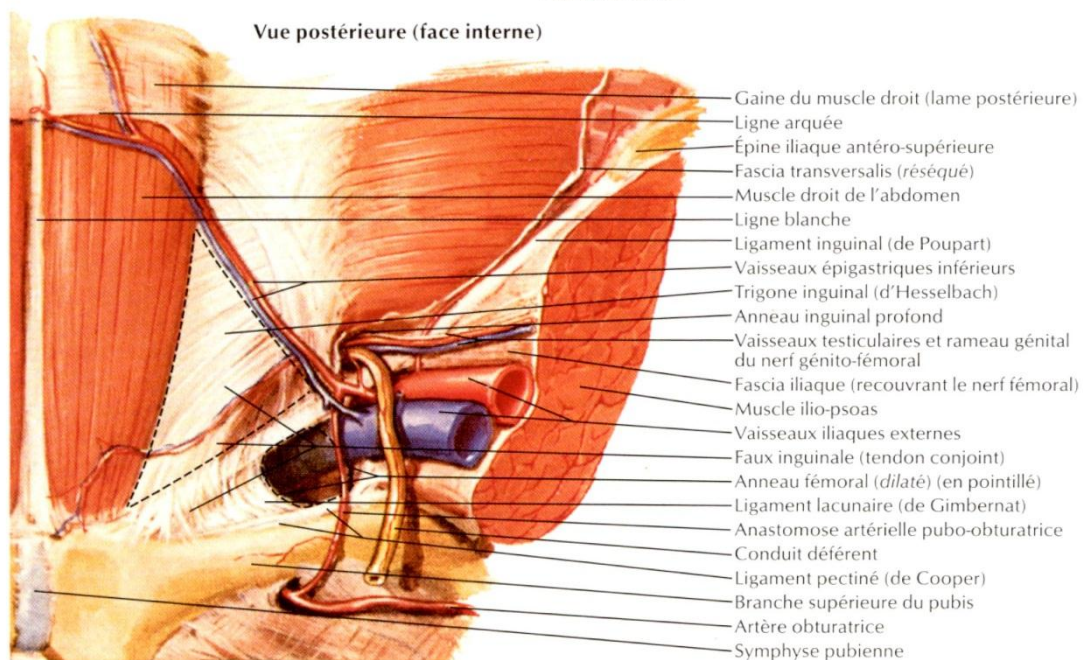


**Aponévrose du muscle oblique externe réclinée et fascia cribriforme ôté**

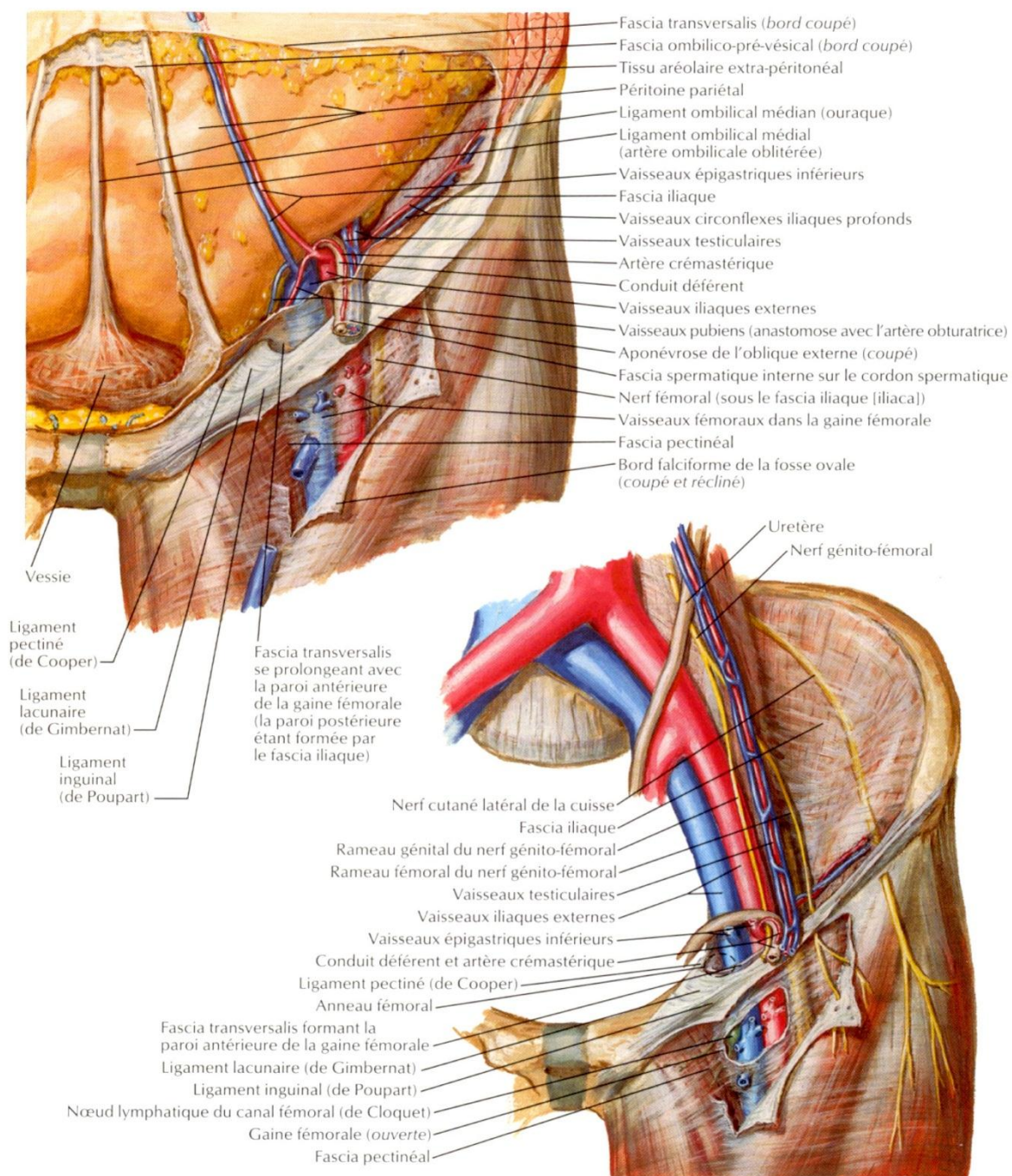




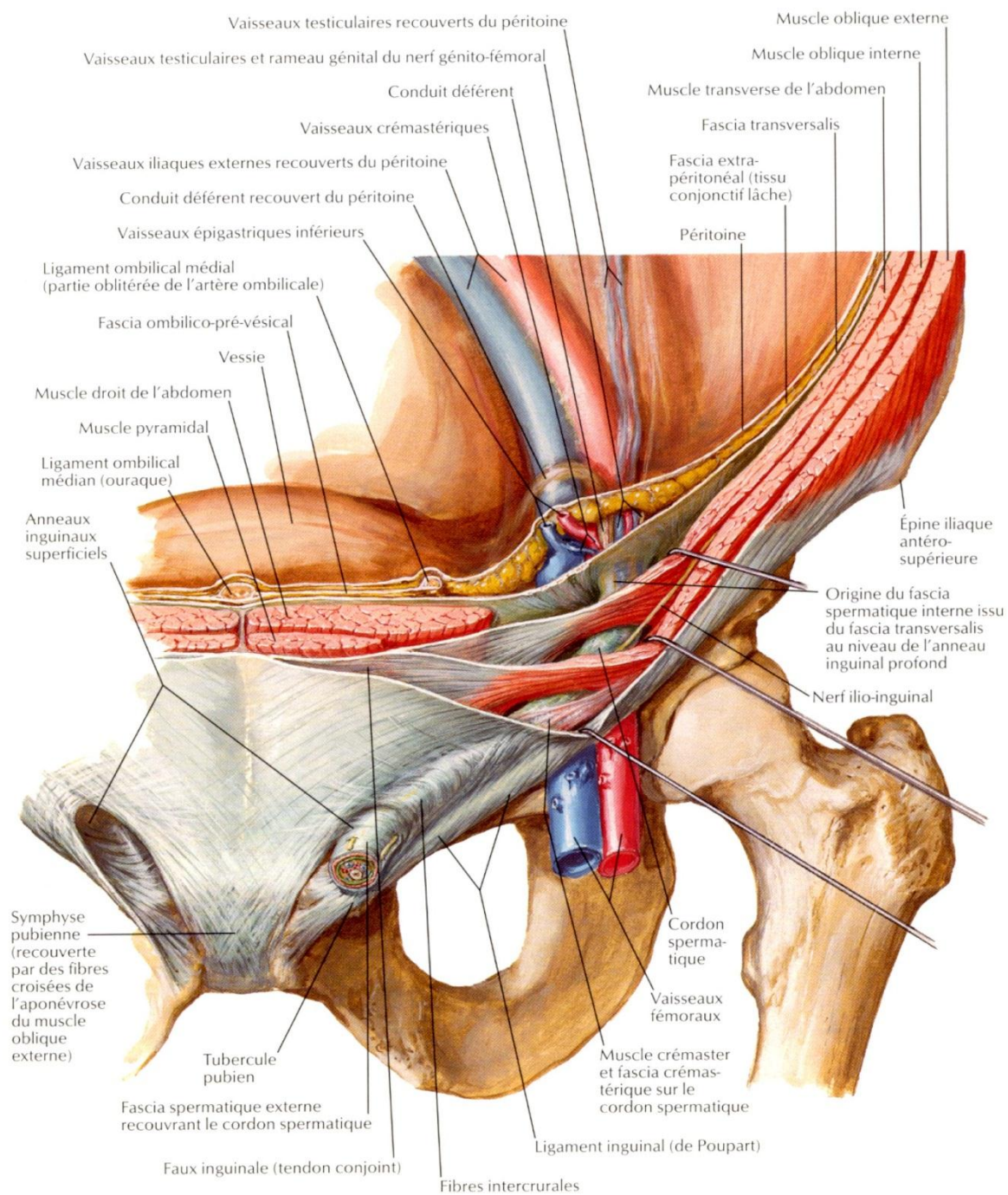
Vue antérieure

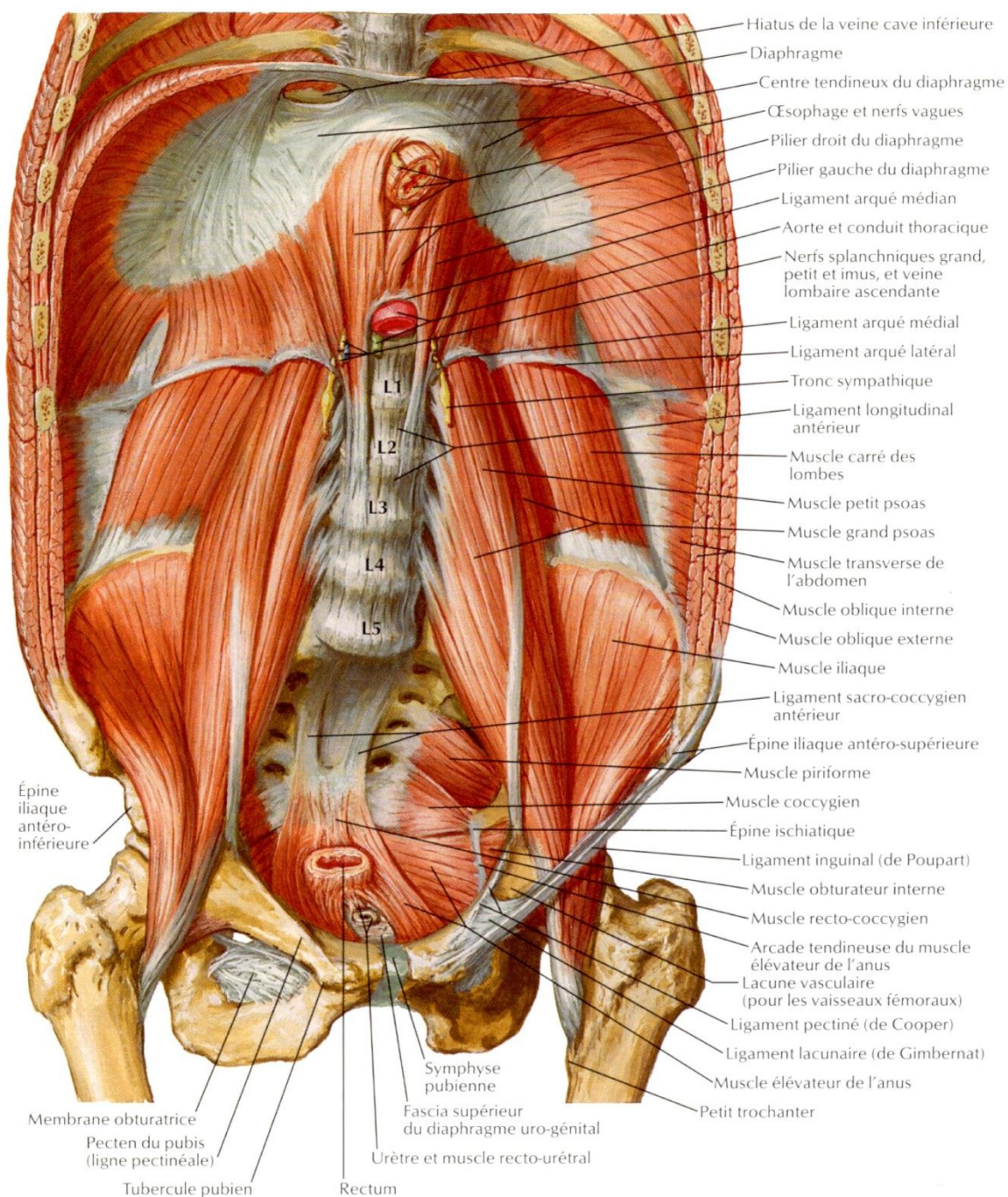


Vue postérieure (face interne)

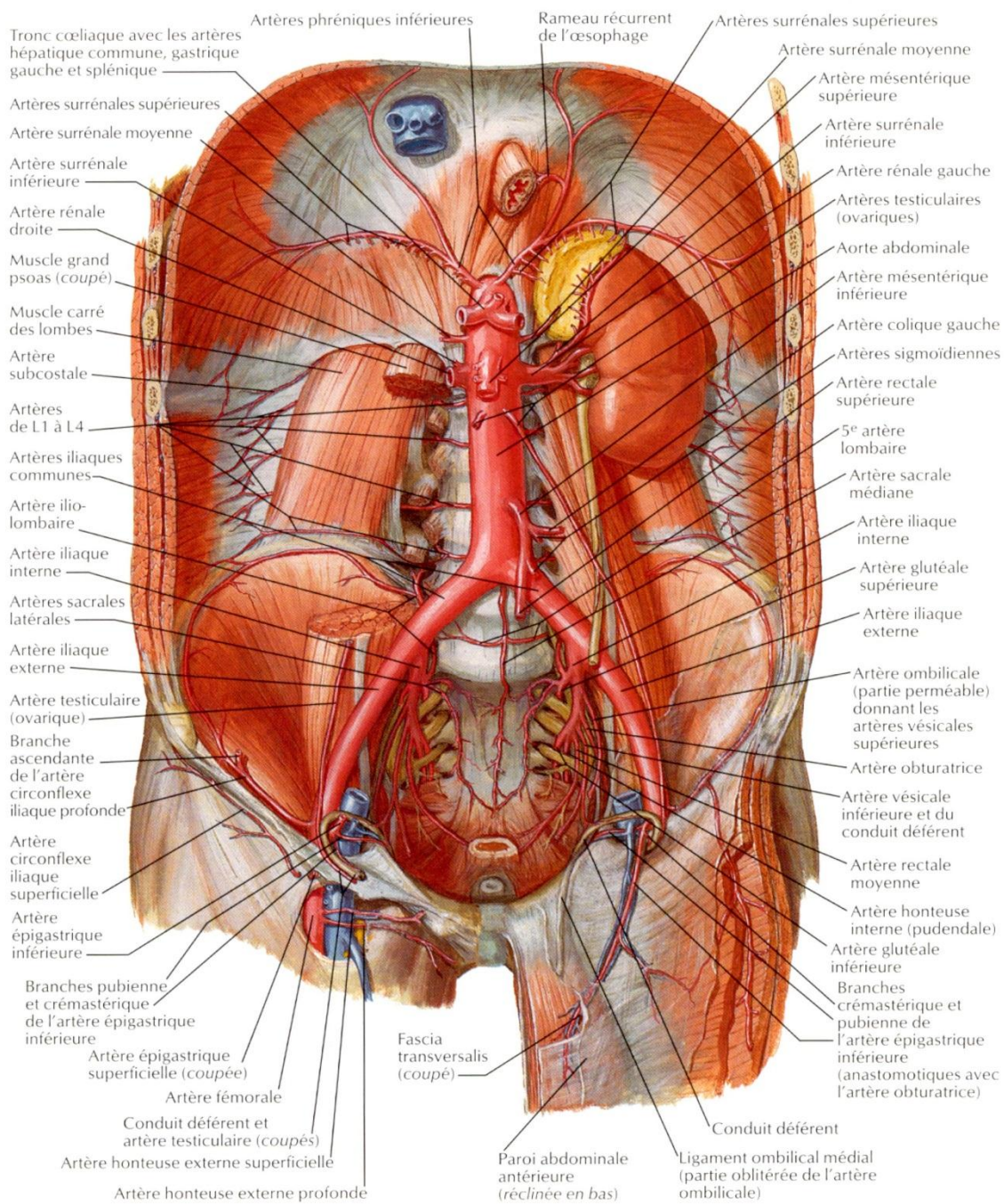


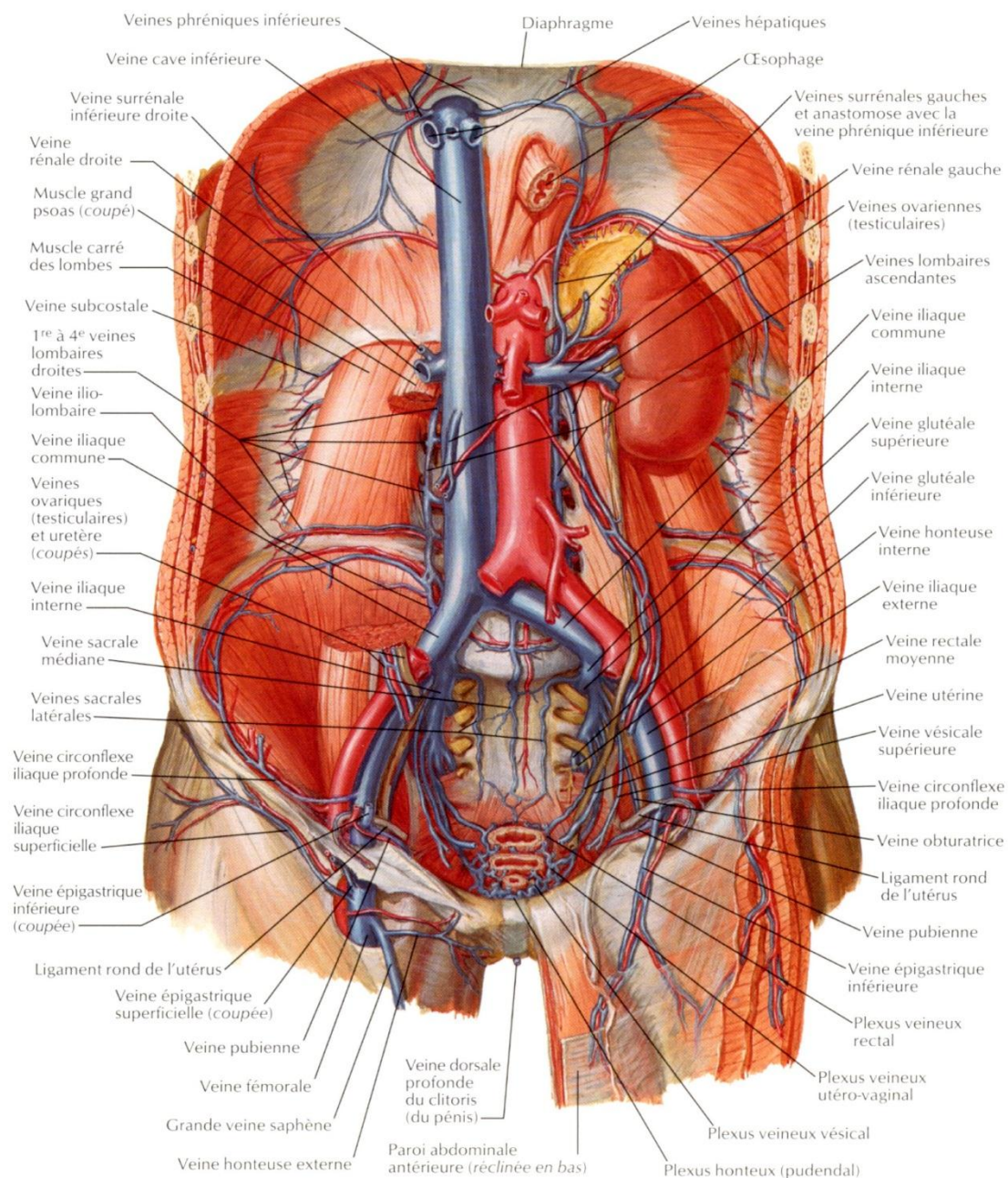




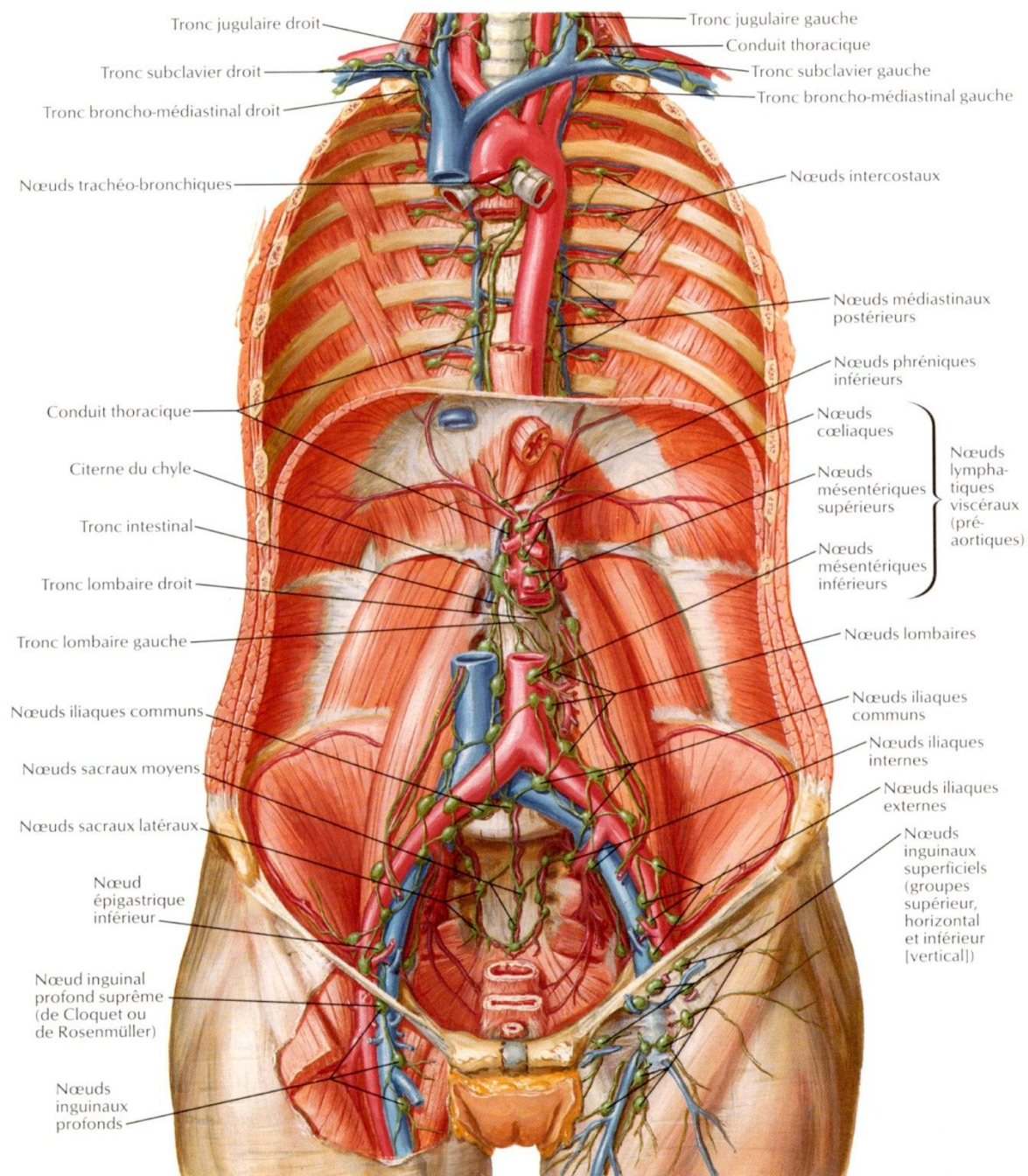


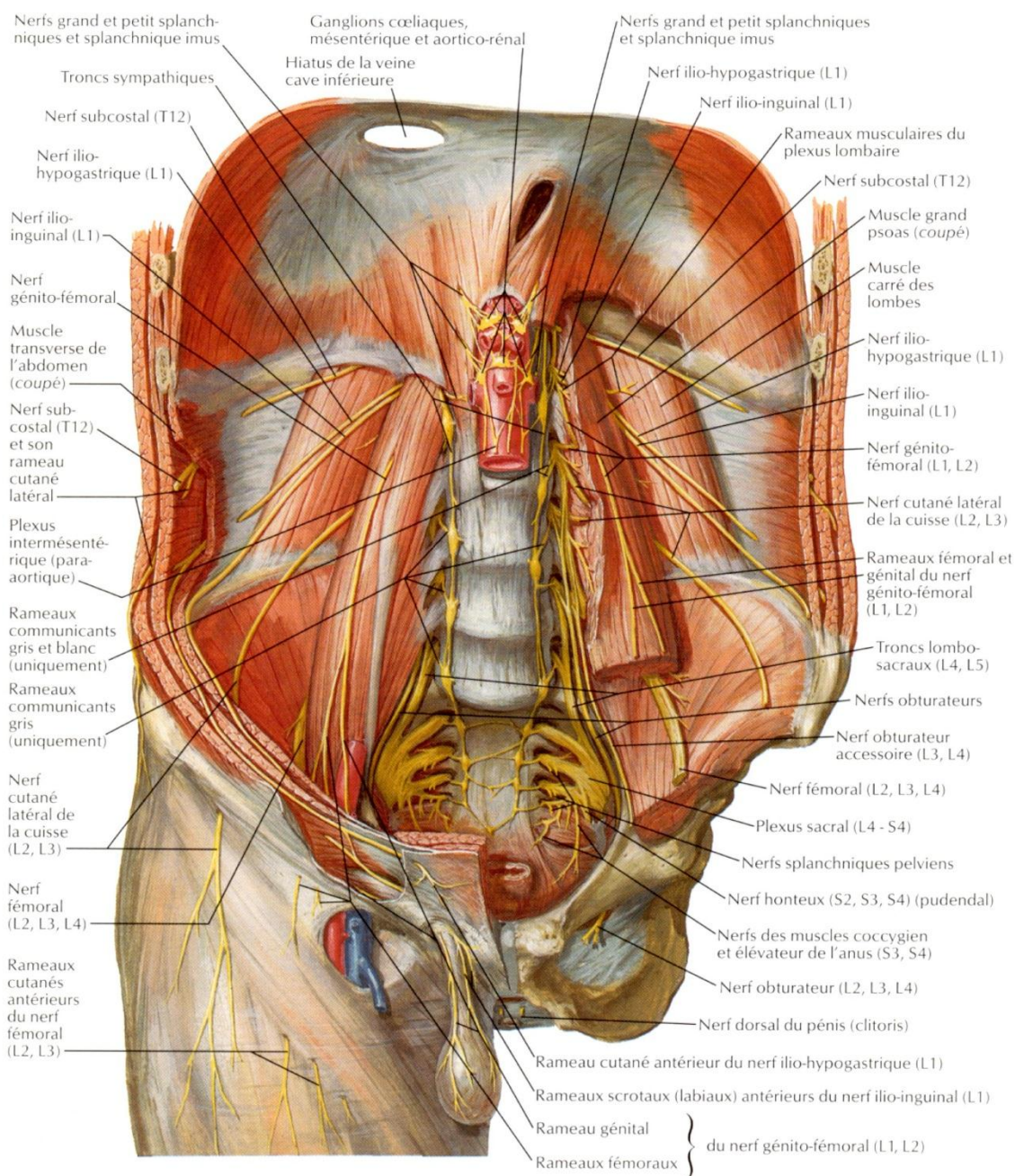






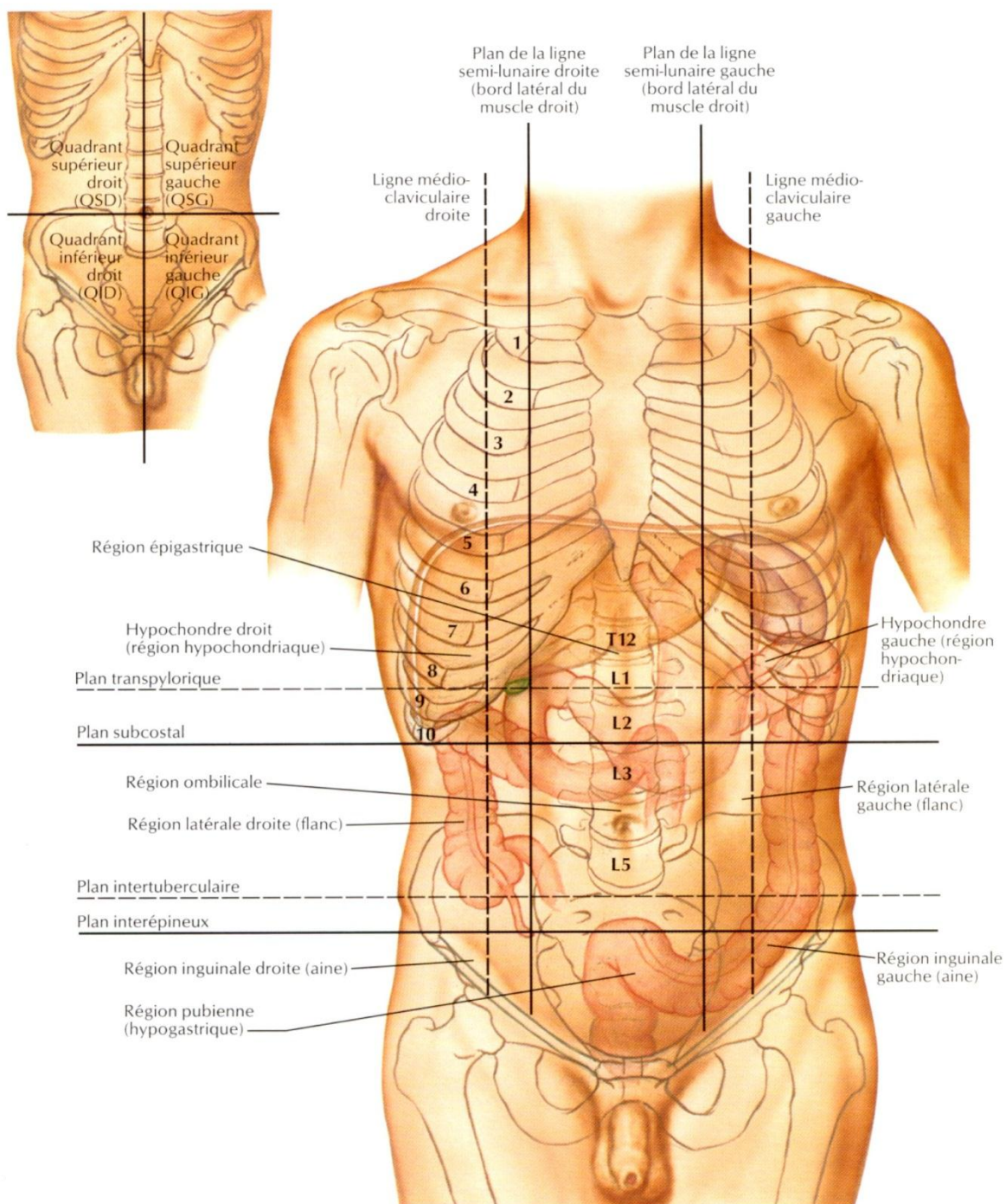


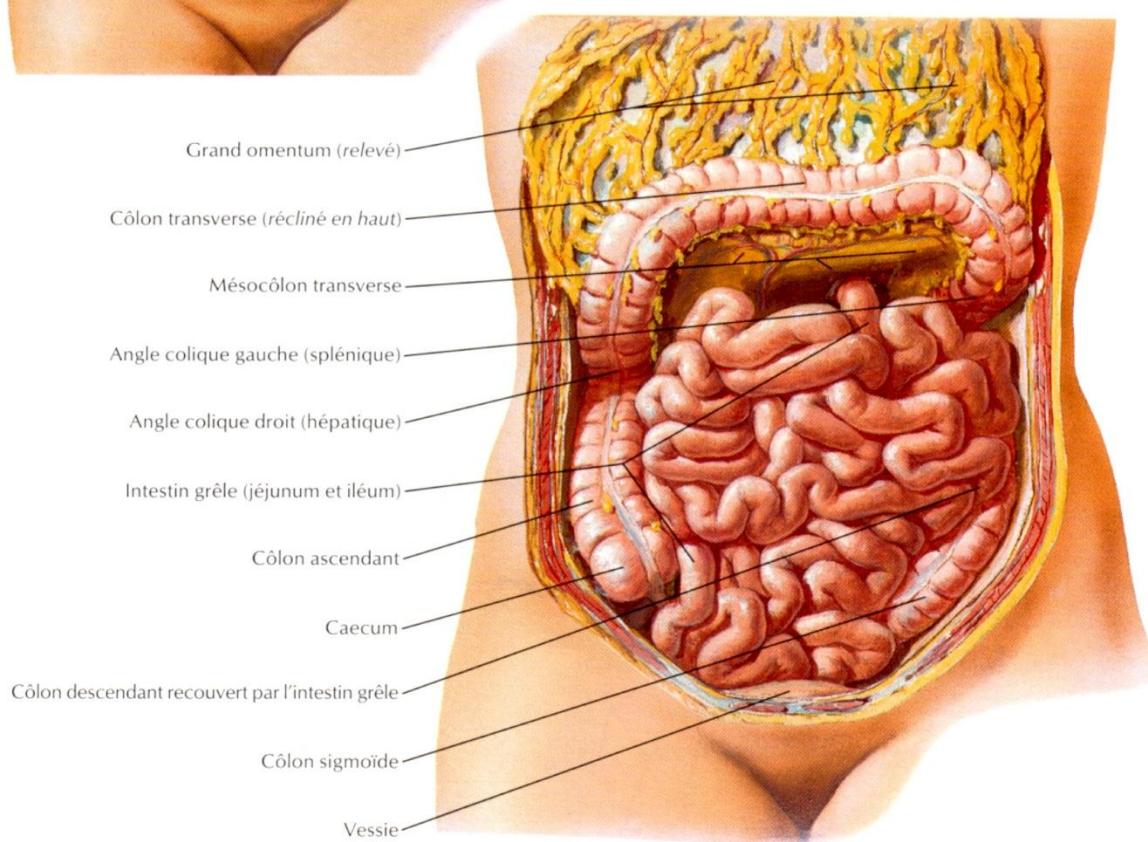
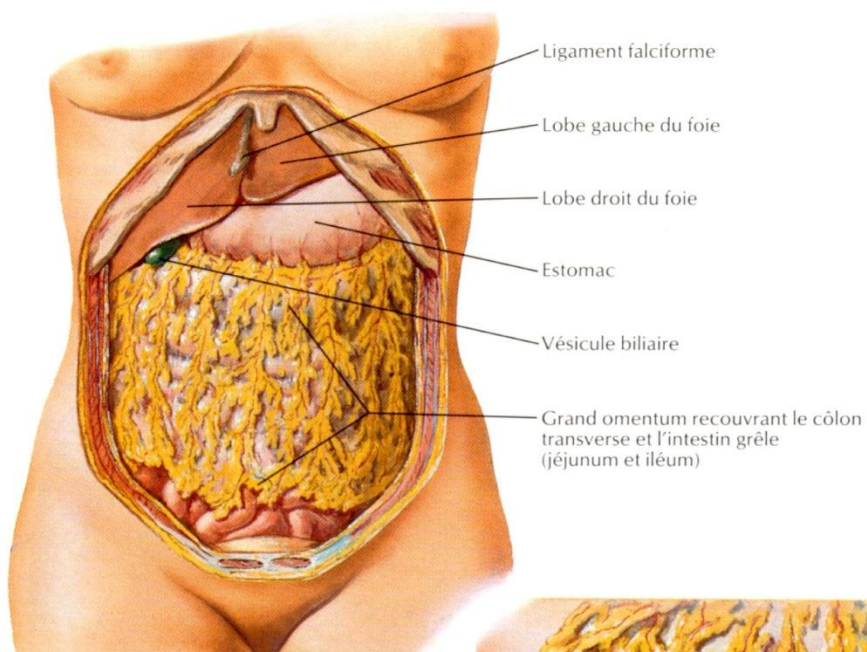




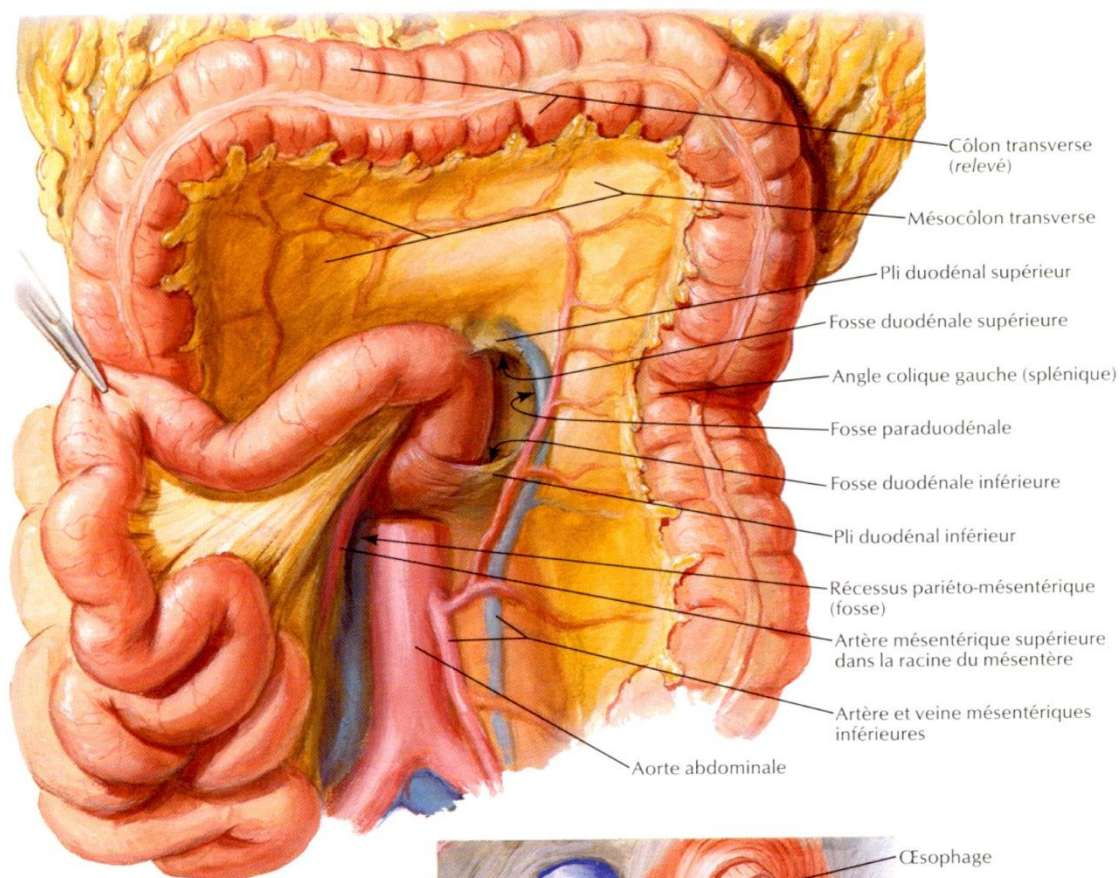


## b. Cavité péritonéale

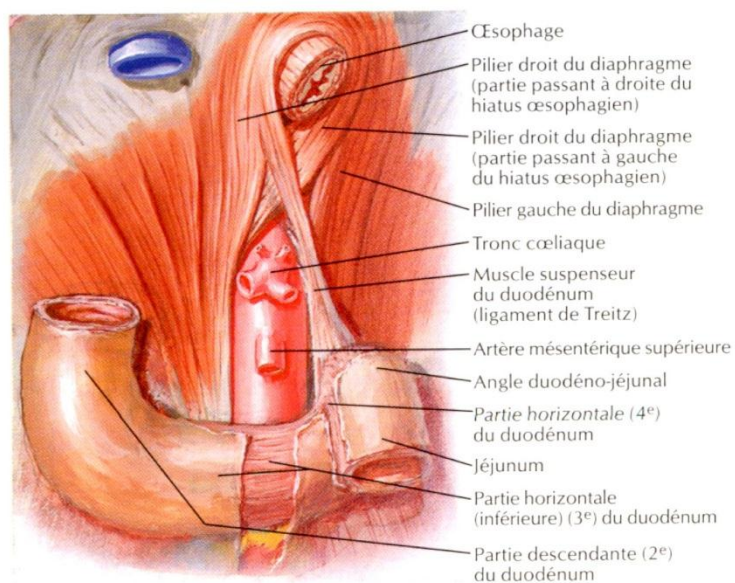


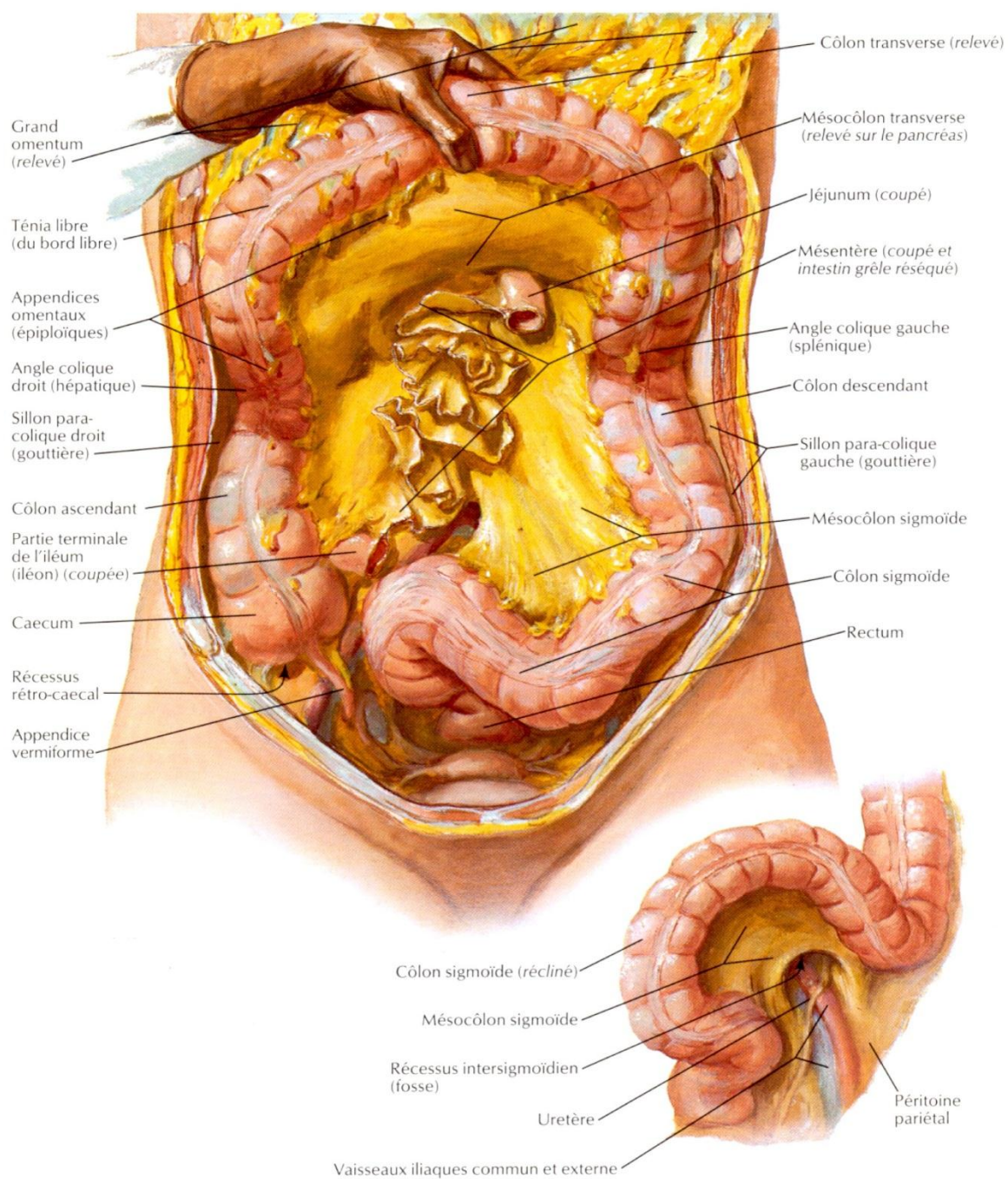




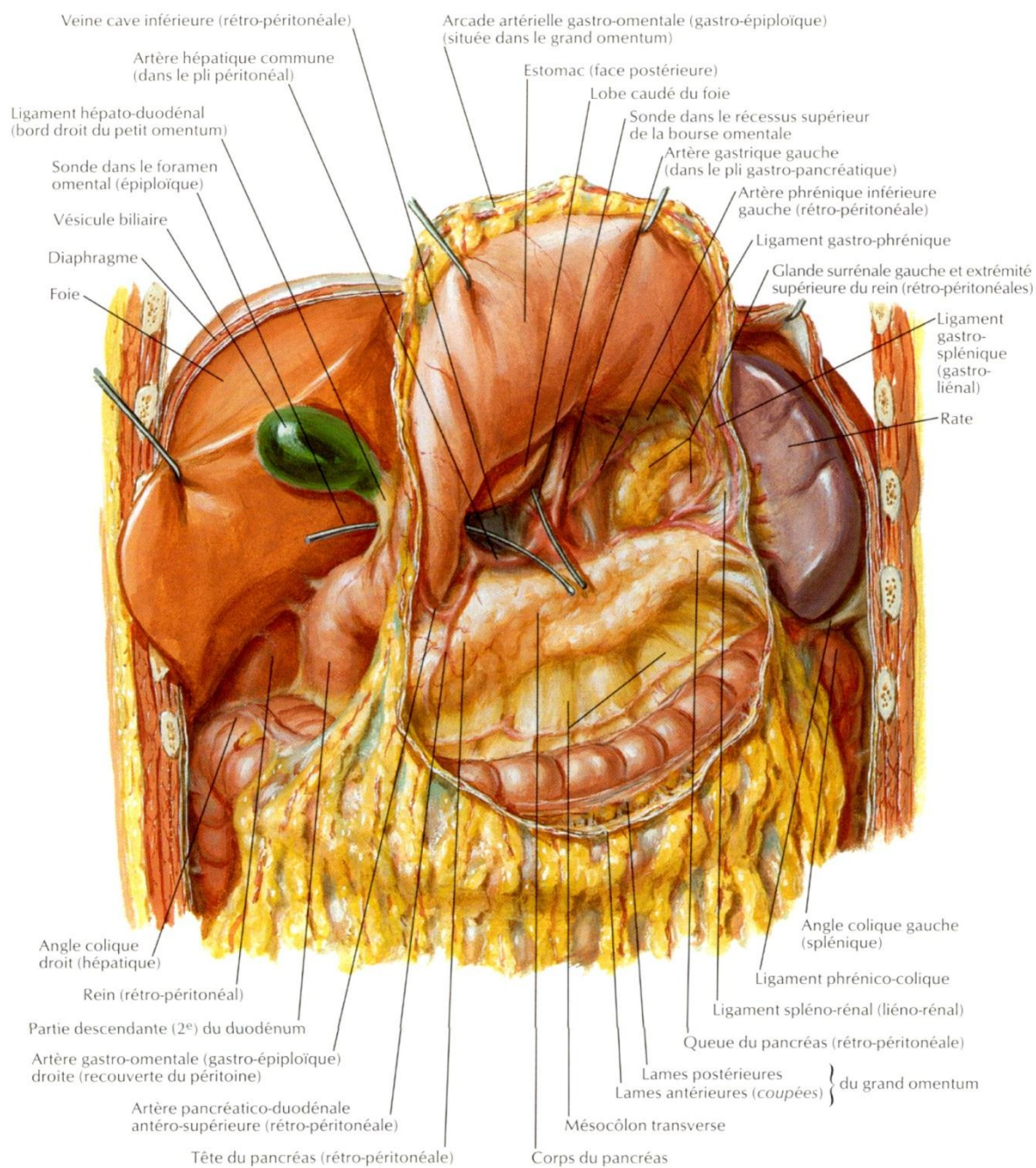


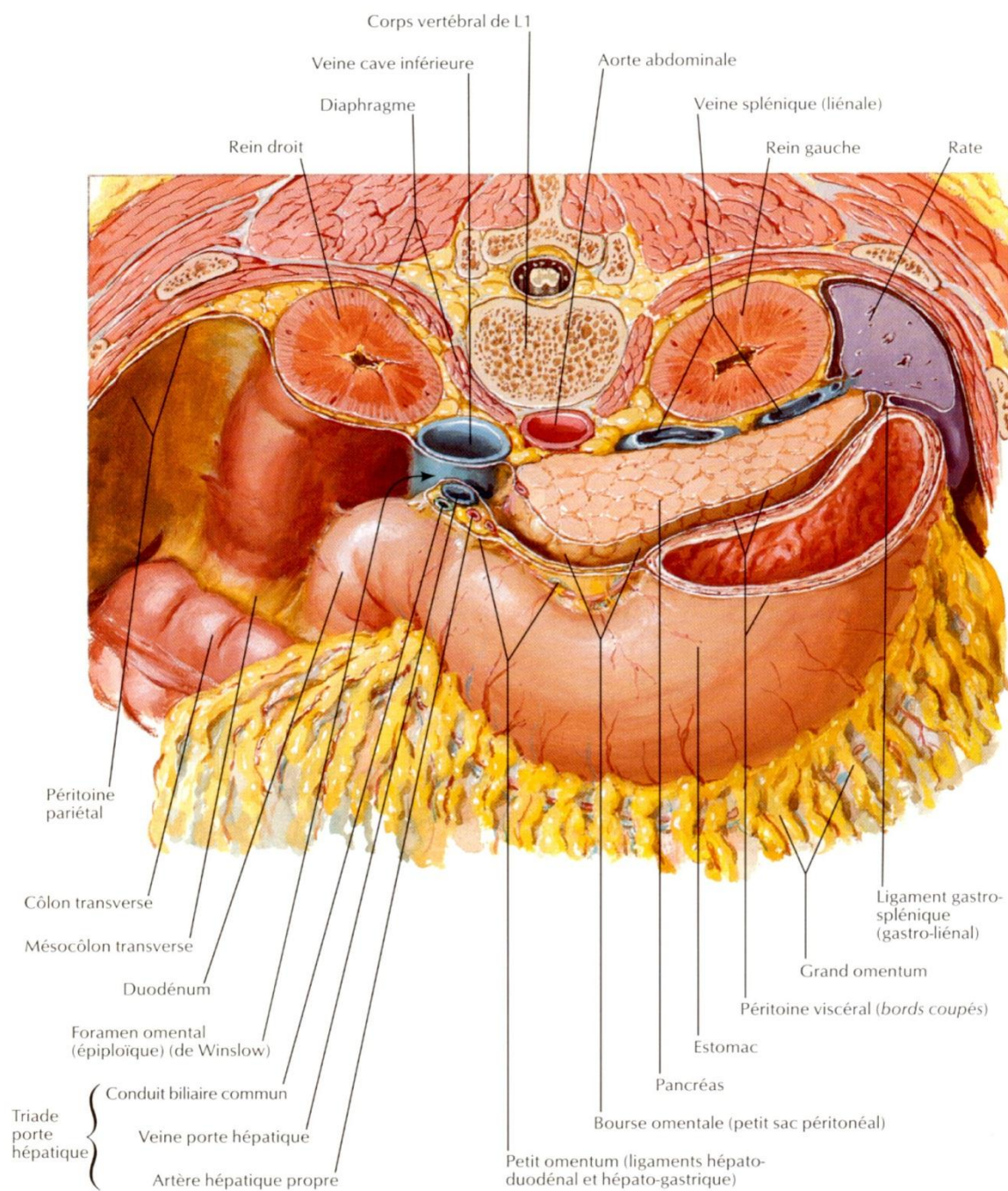
**Muscle suspenseur  
du duodénum  
(ligament de Treitz)**



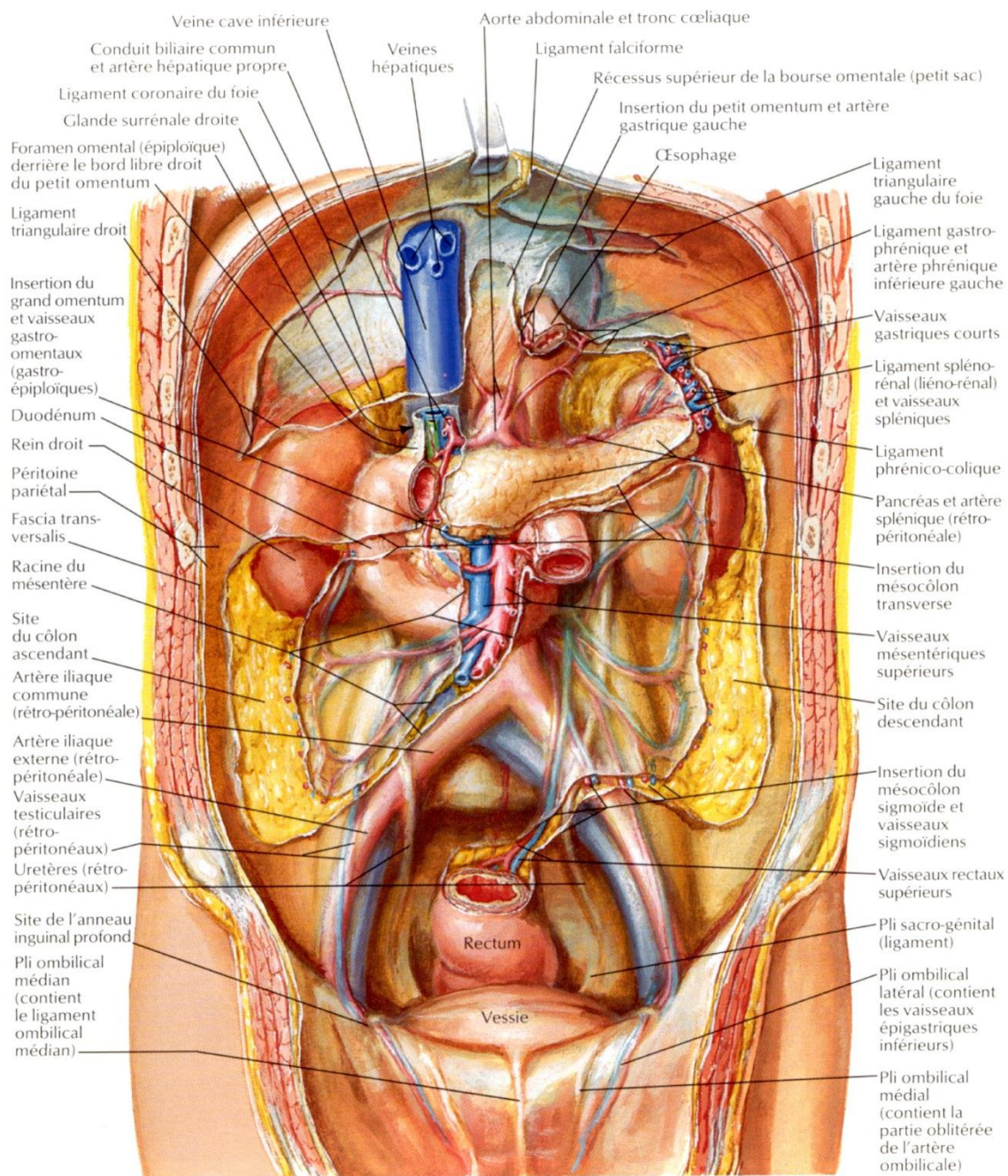






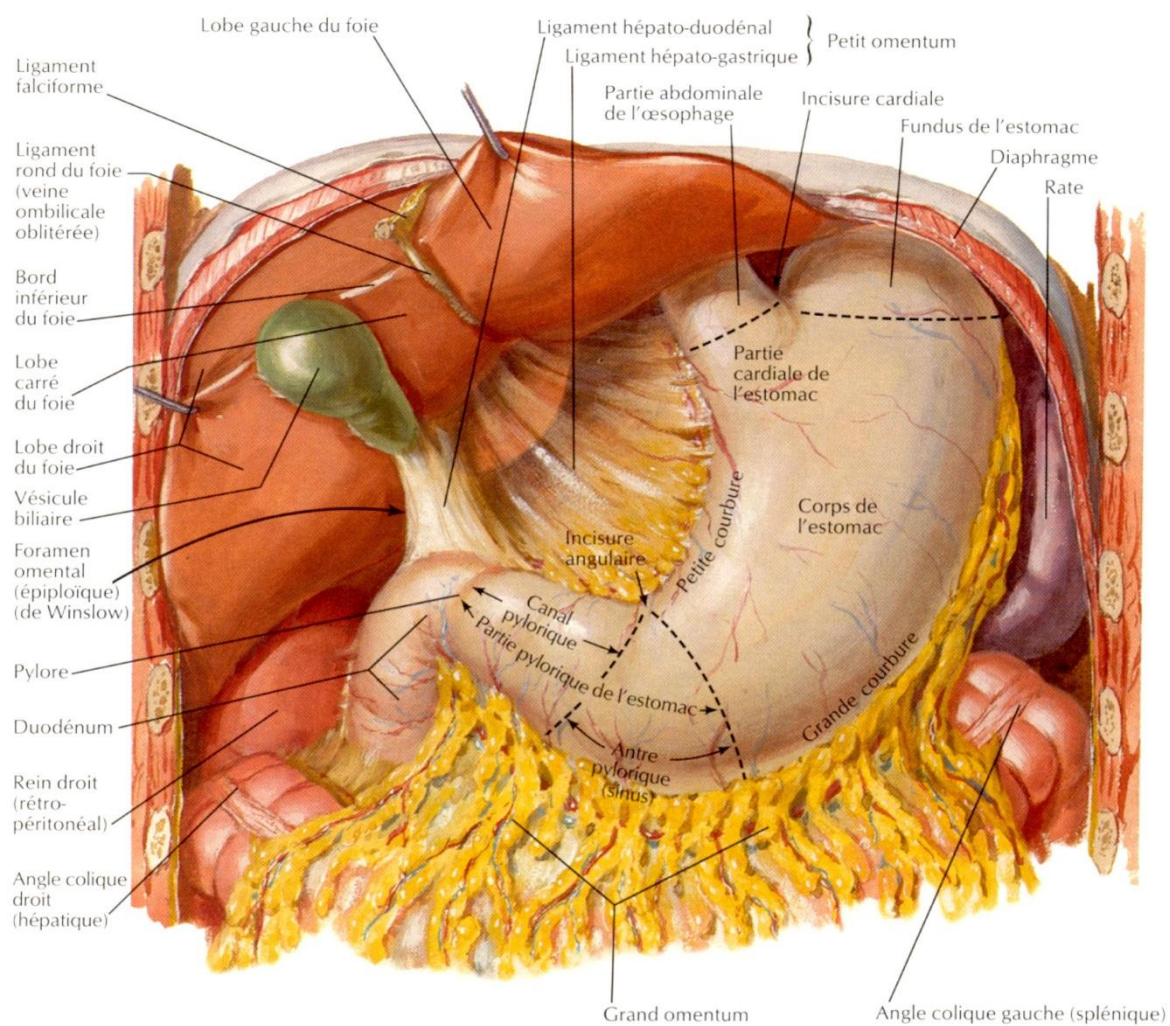




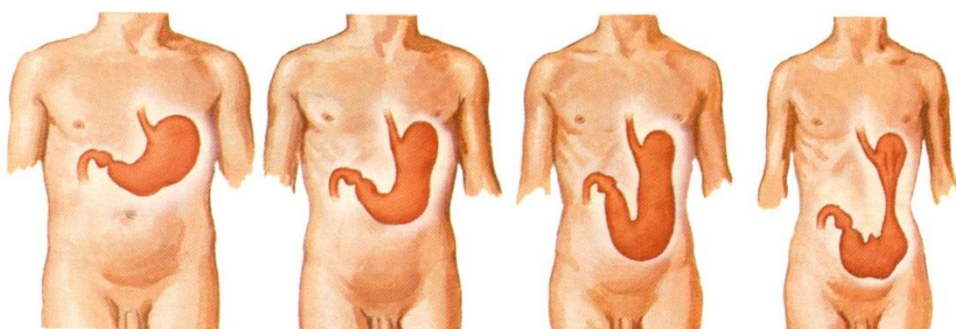




## c. Viscères (intestins)



**Variations de position et de configuration de l'estomac en rapport avec le type fonctionnel**



Estomac hyper-tonique

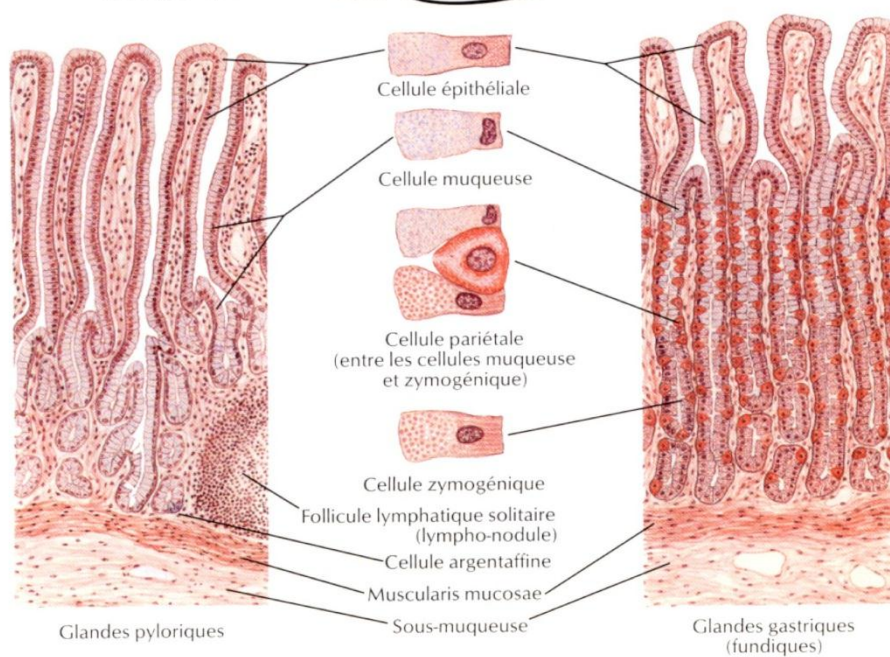
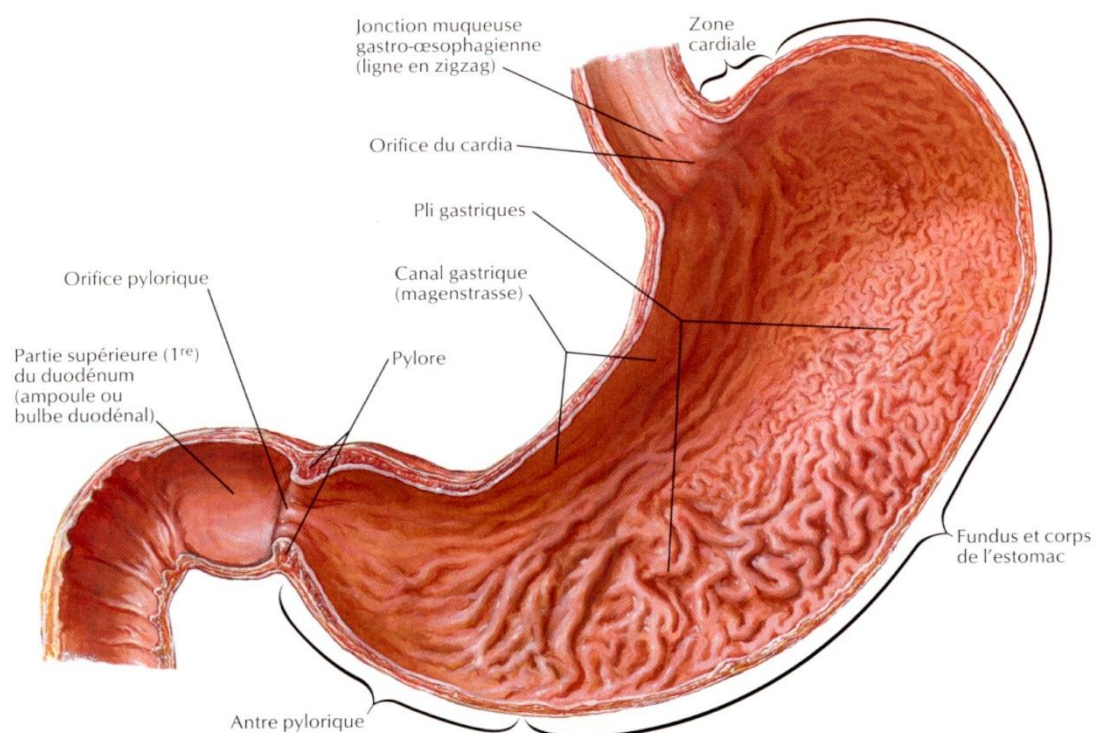
Estomac ortho-tonique

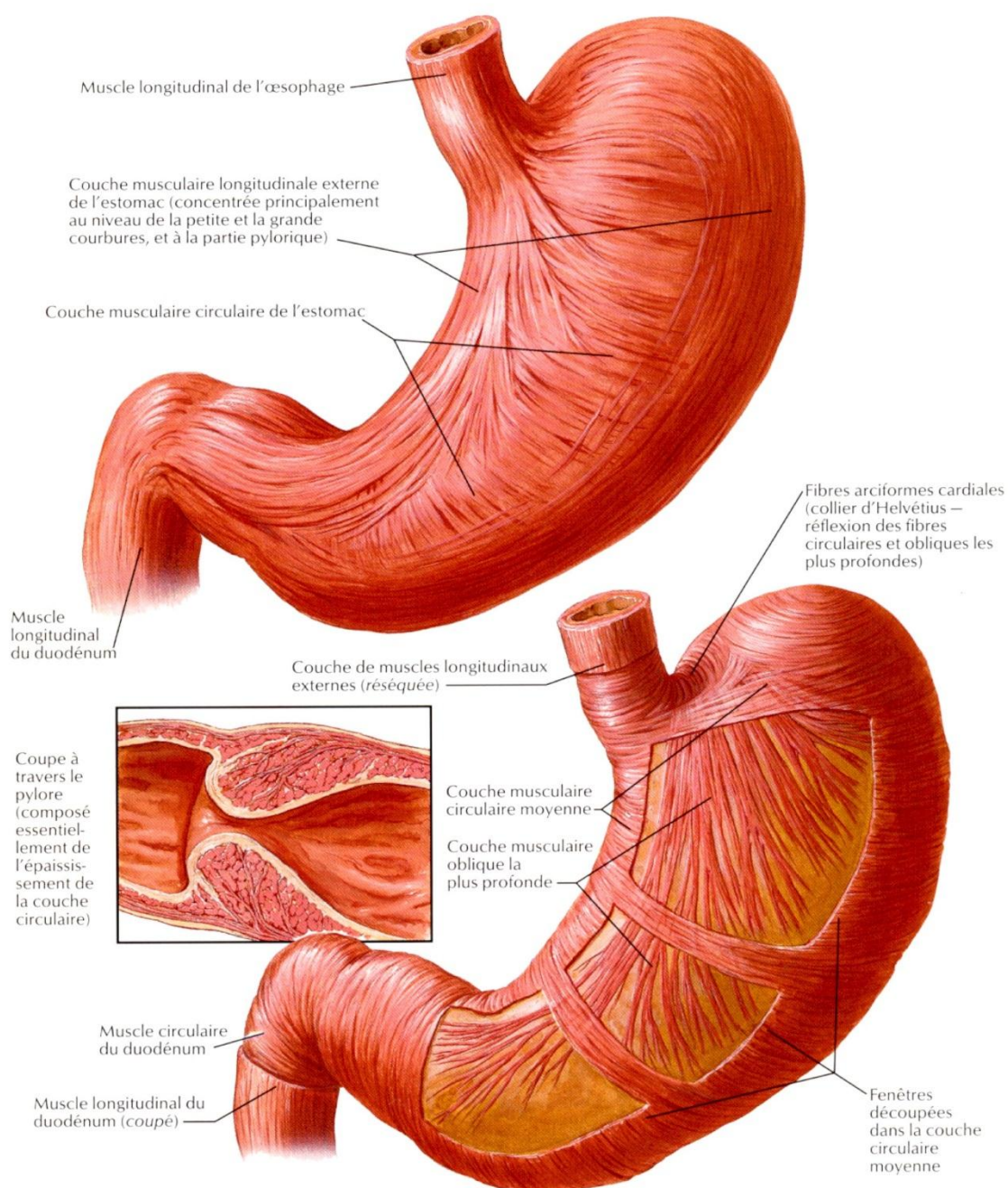
Estomac hypo-tonique

Estomac atone



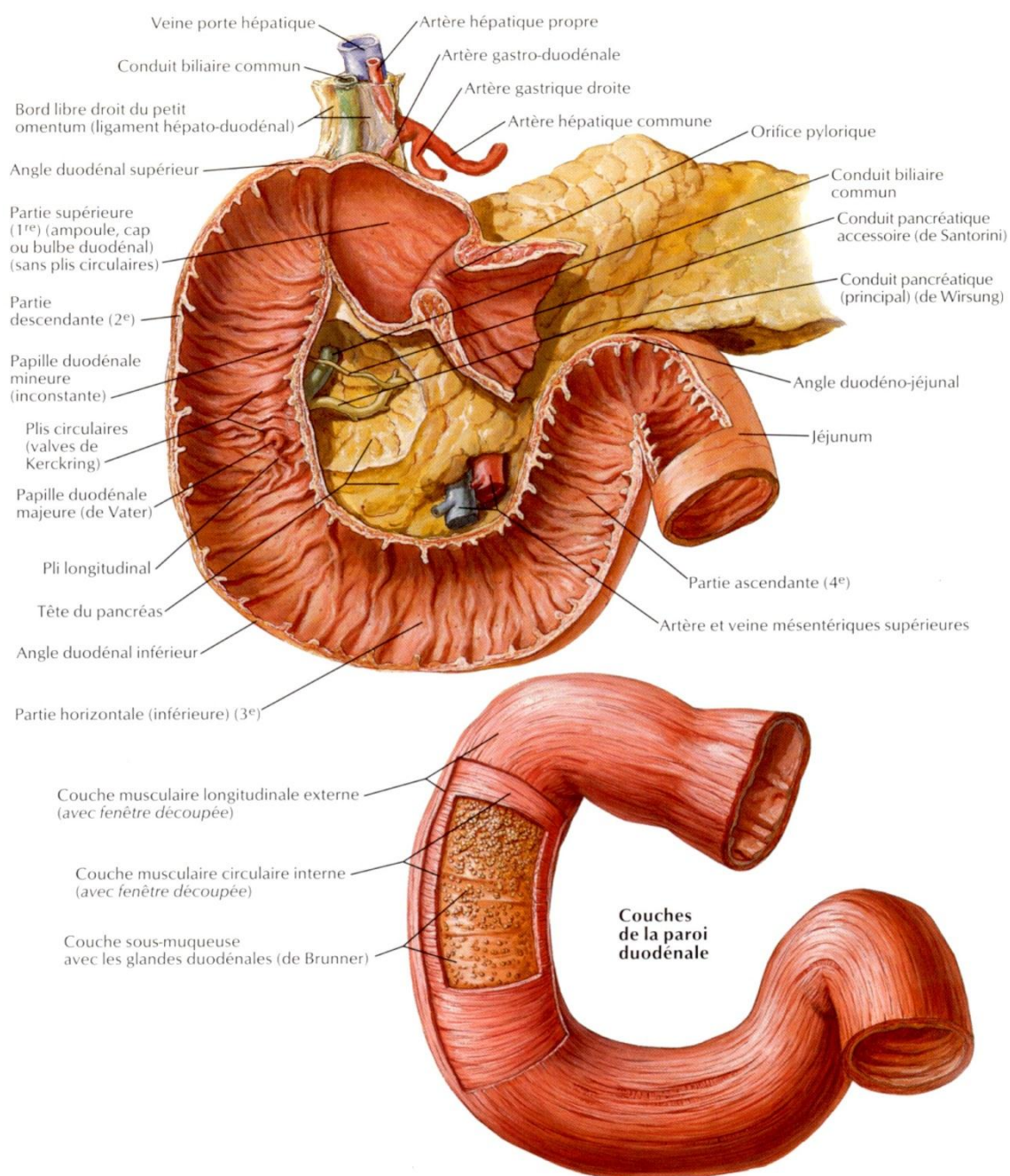
VOIR AUSSI LA PLANCHE 224





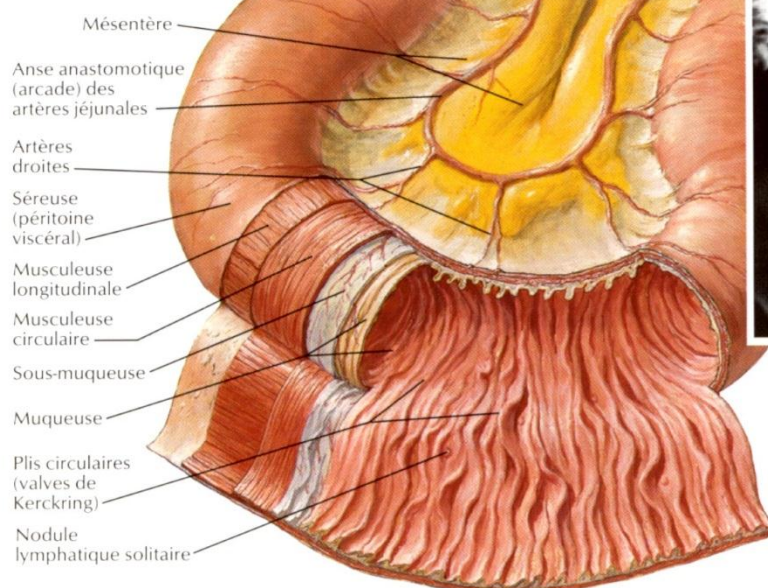






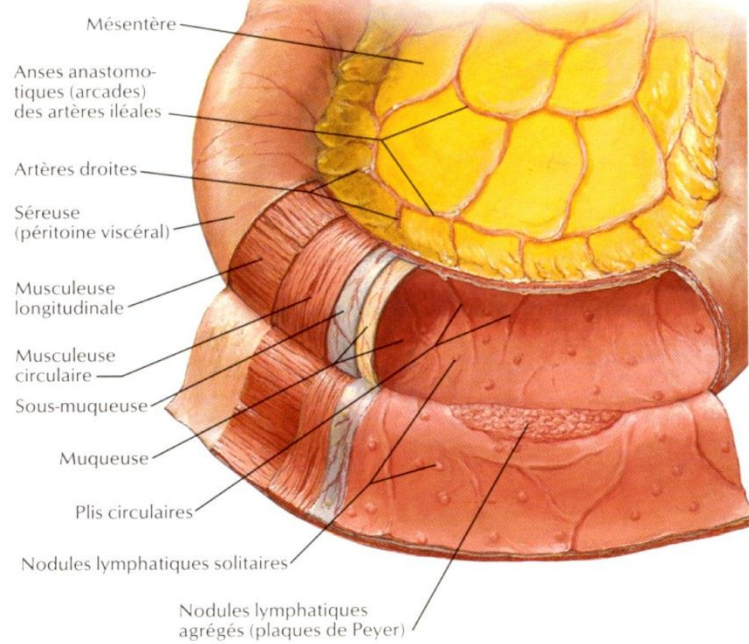


## Jéjunum

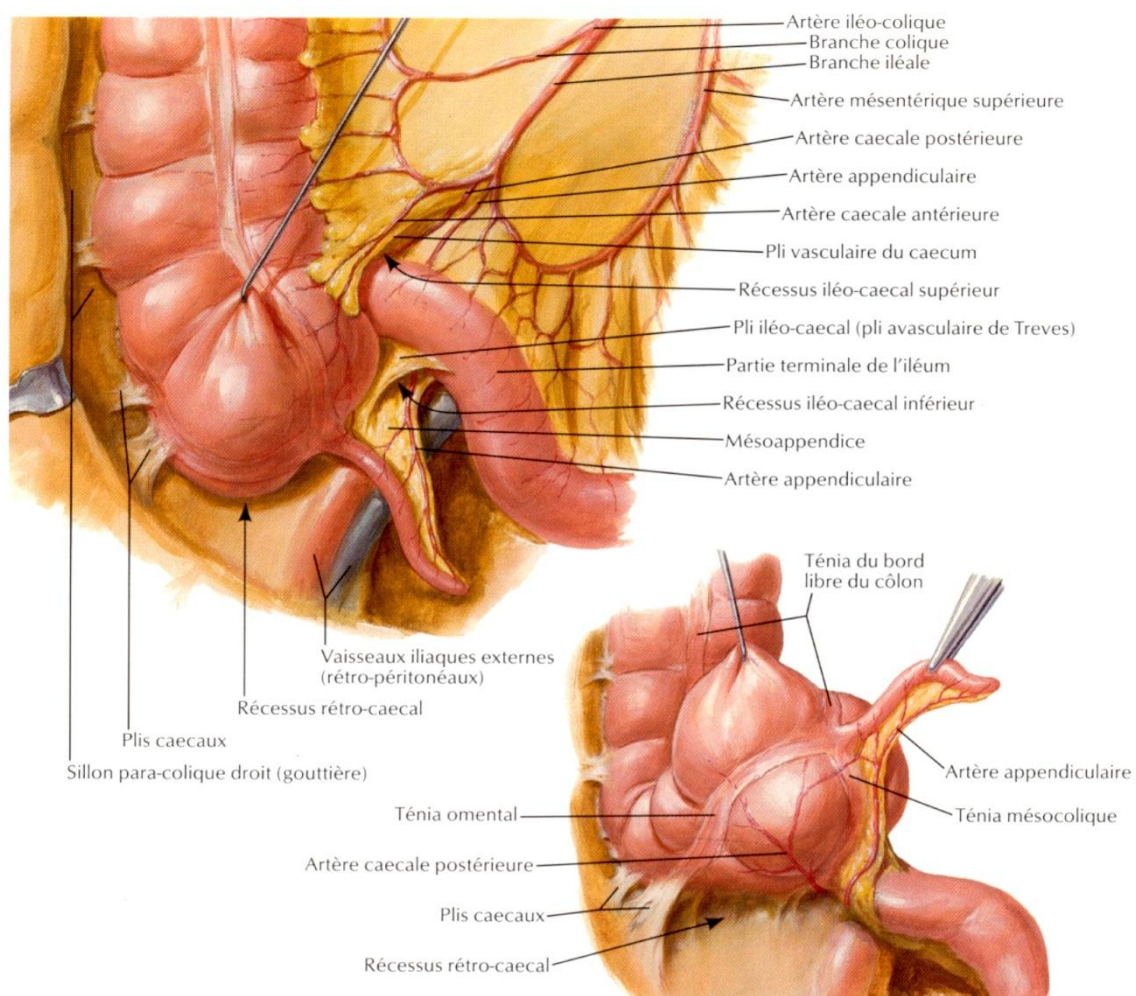


Radiographie barytée du jéjunum

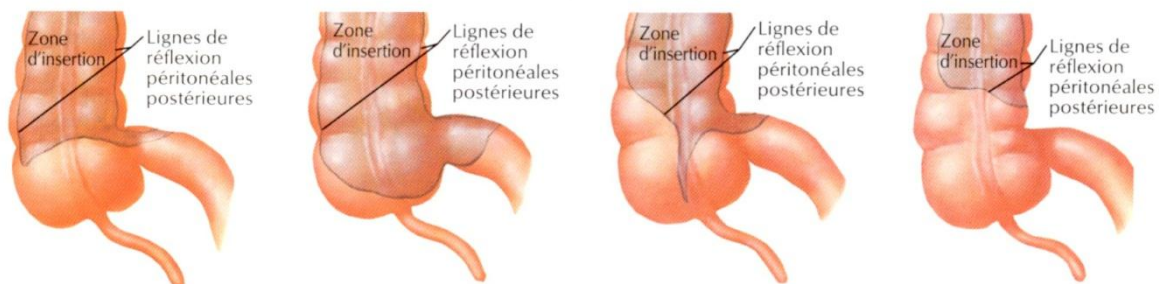
## Iléum



Radiographie barytée de l'iléum (iléon)



#### Quelques variations de l'insertion péritonéale postérieure du caecum





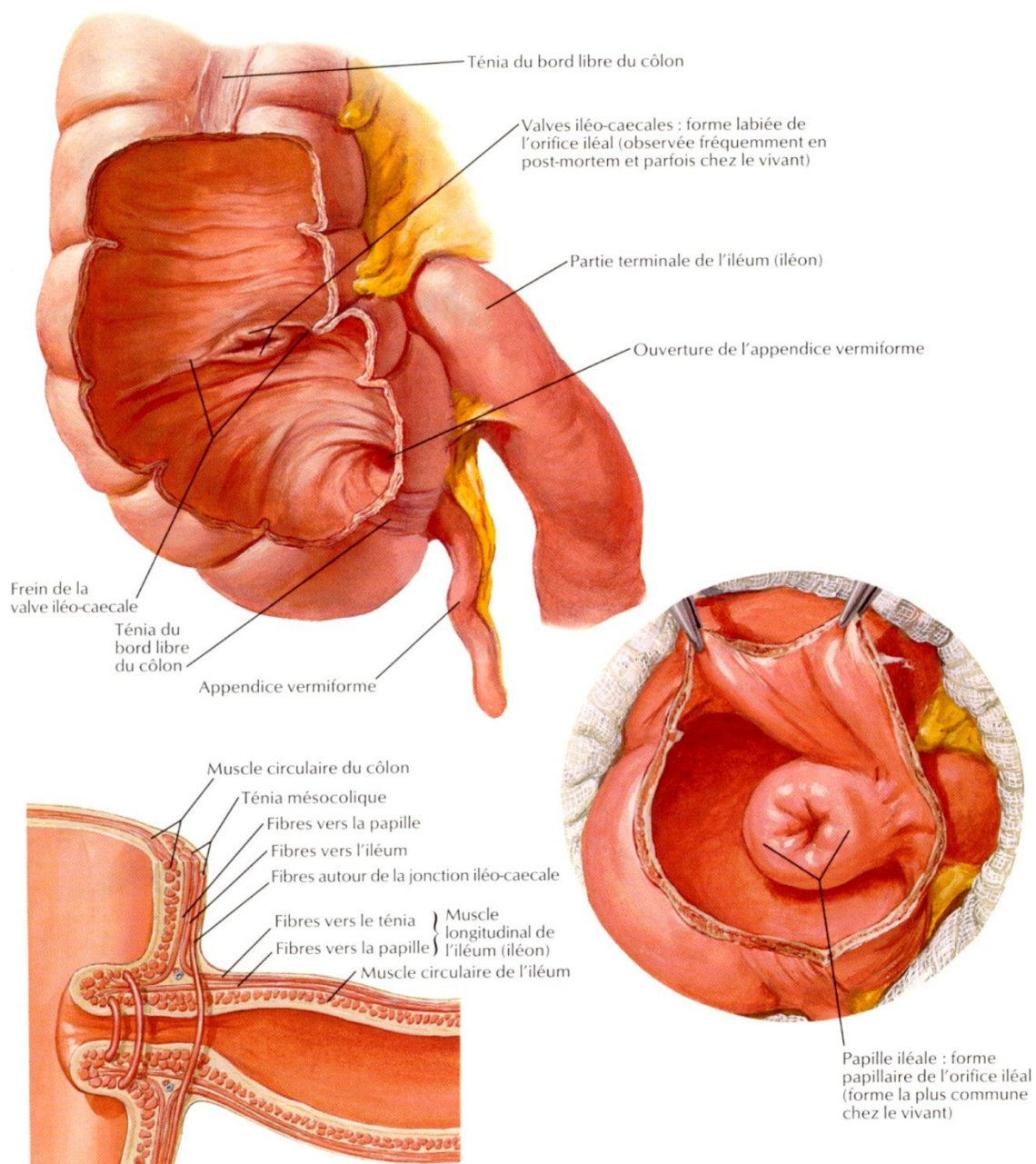
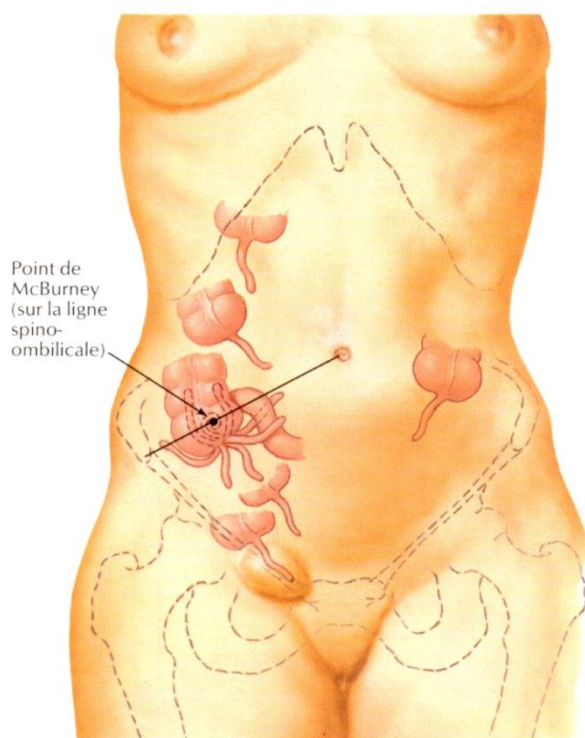


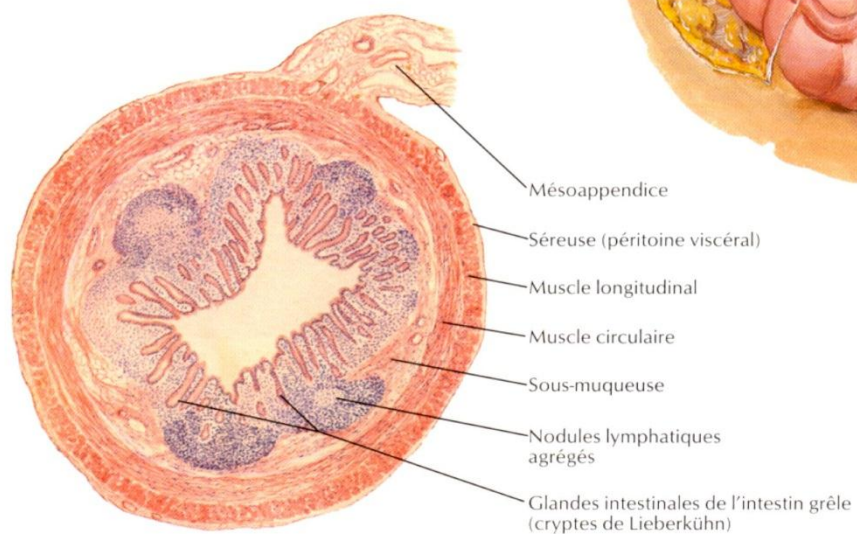
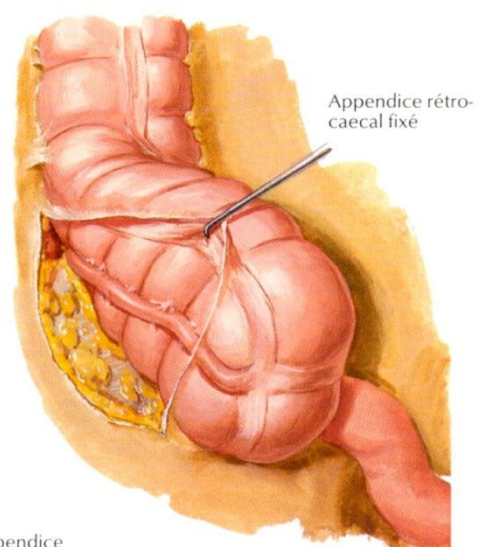
Schéma des fibres musculaires au niveau de l'orifice iléal



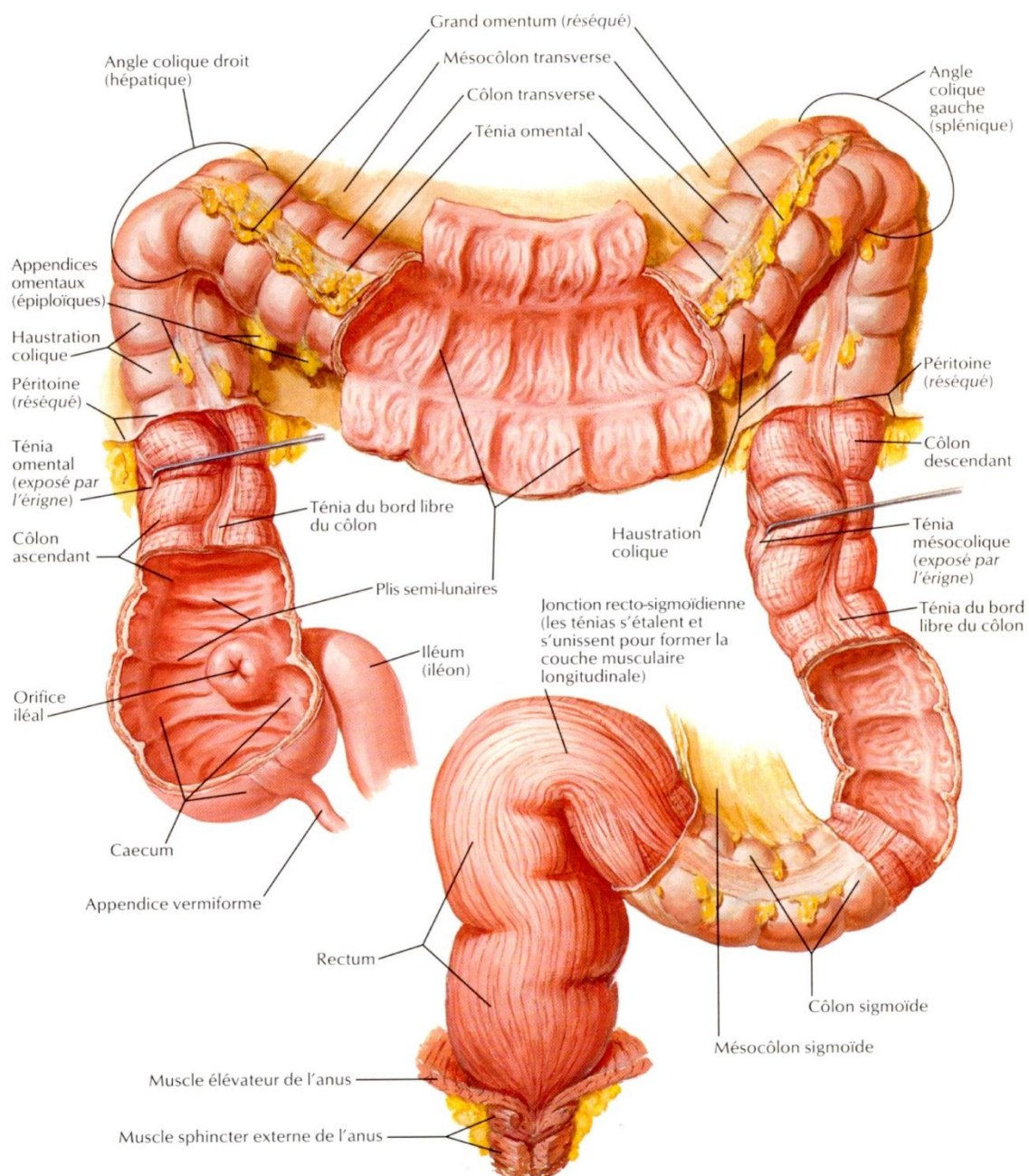
Variations de position de l'appendice

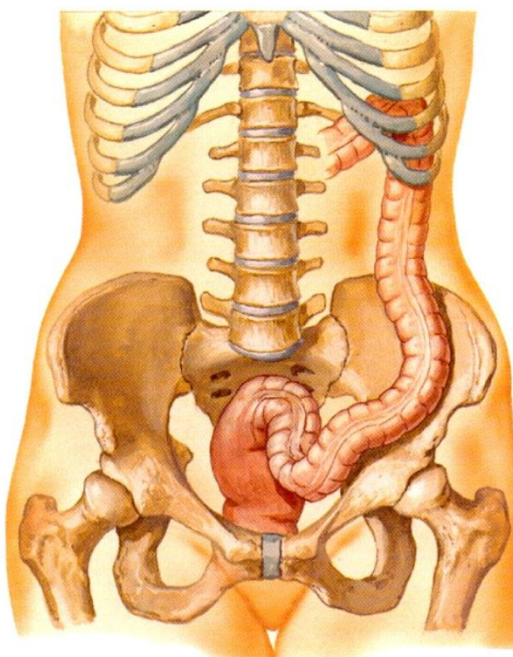


Appendice inhabituellement long s'étendant dans le pelvis (radiographie barytée)

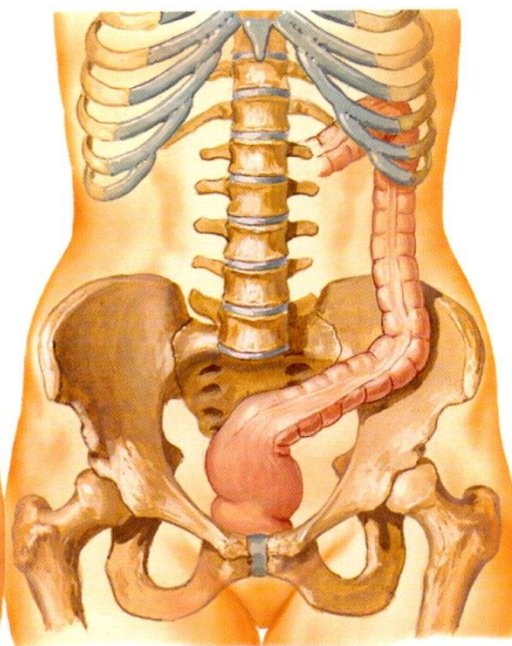




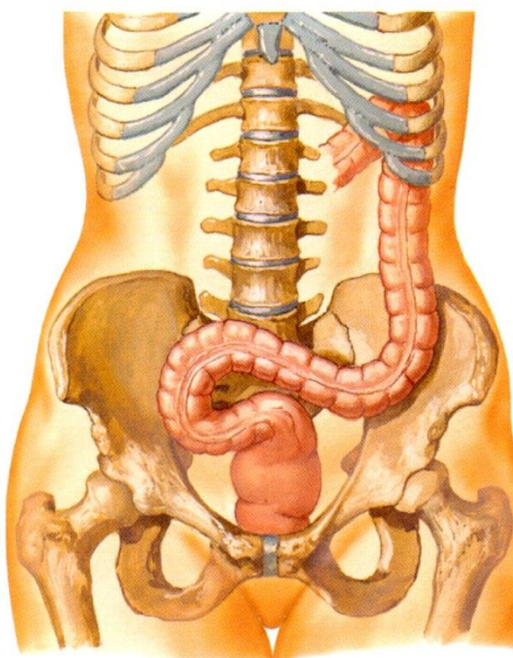




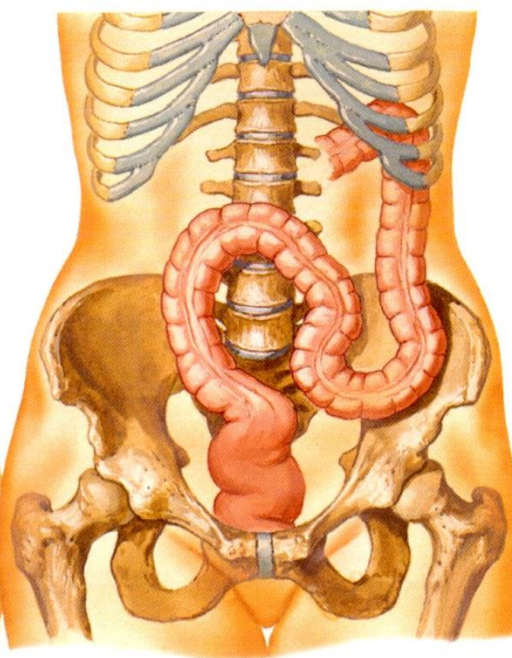
Type habituel



Type petit, étroit, oblique dans le pelvis



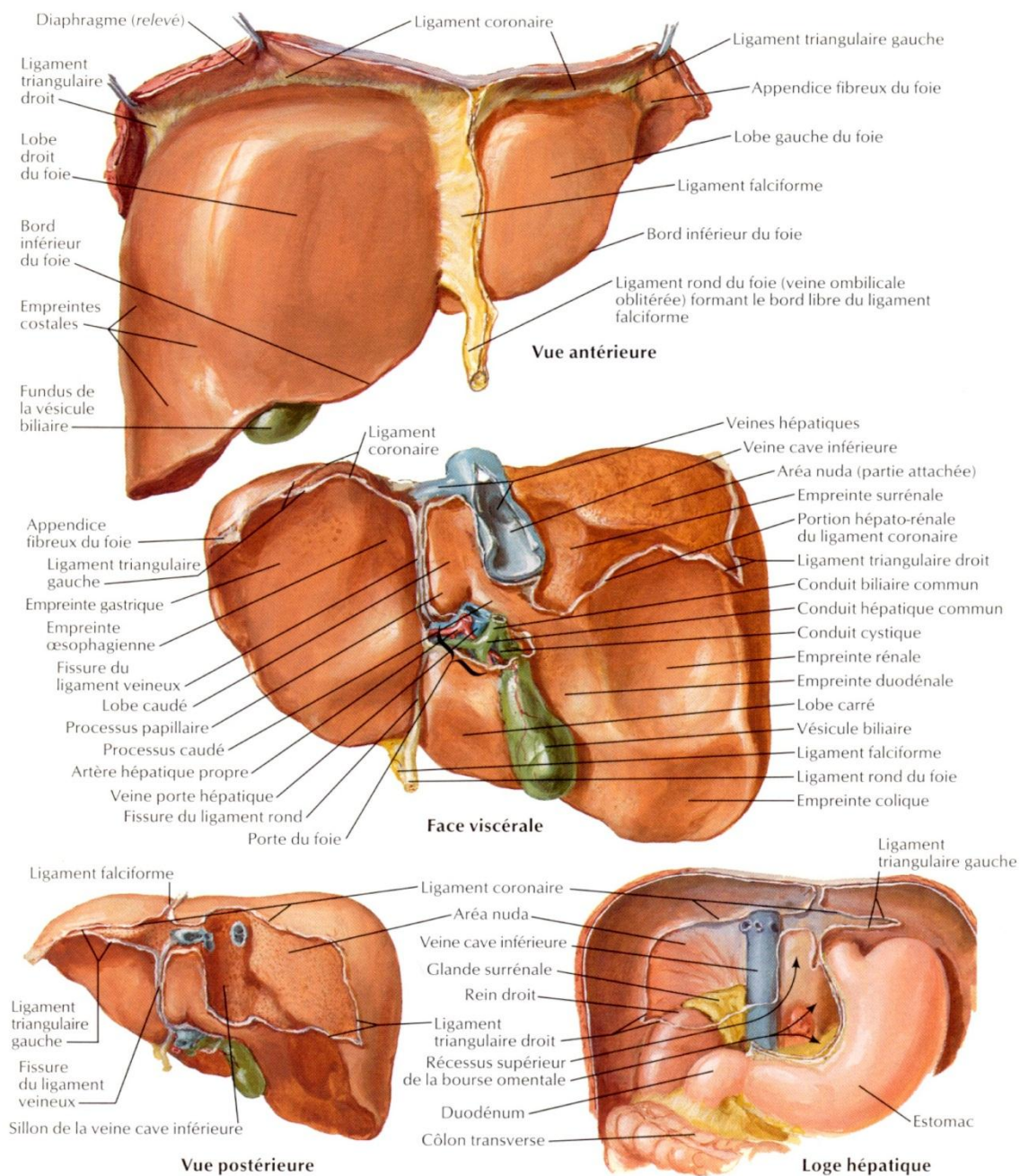
Type formant une boucle sur la droite



Type haut ascendant dans l'abdomen

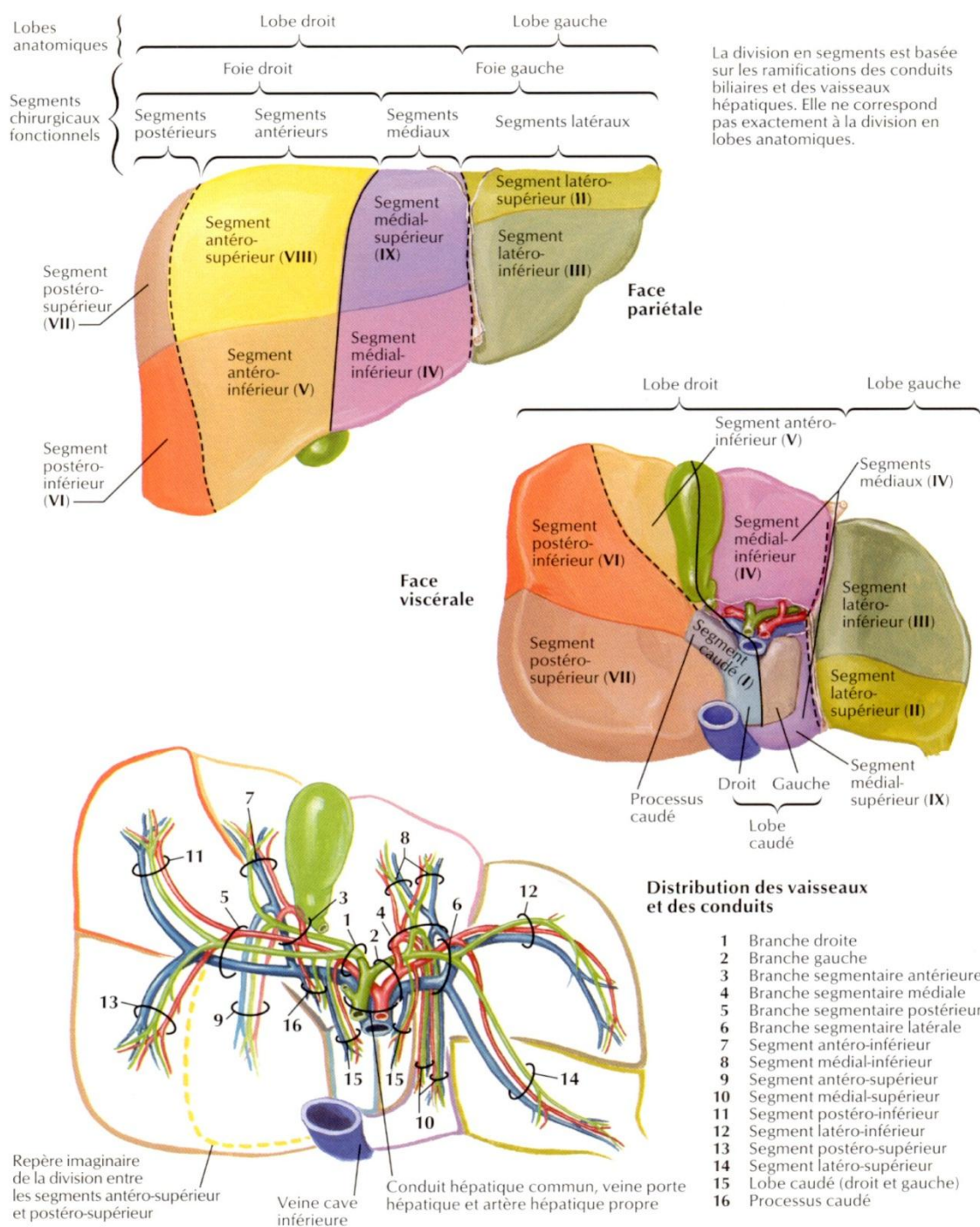




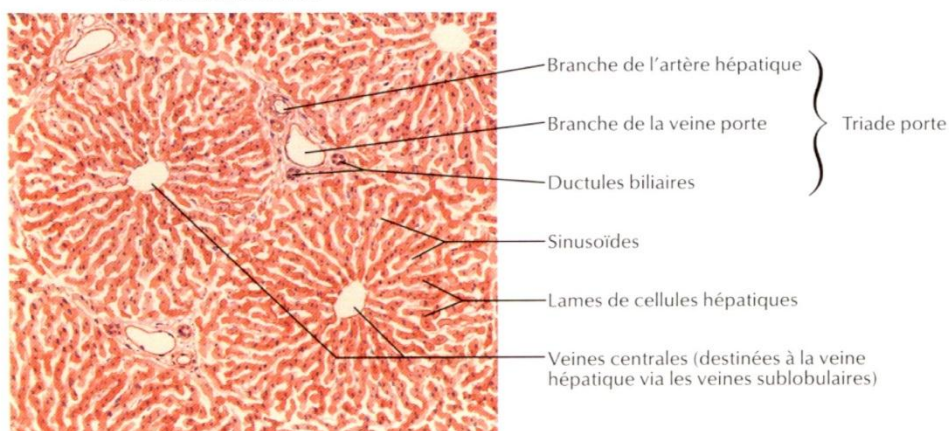
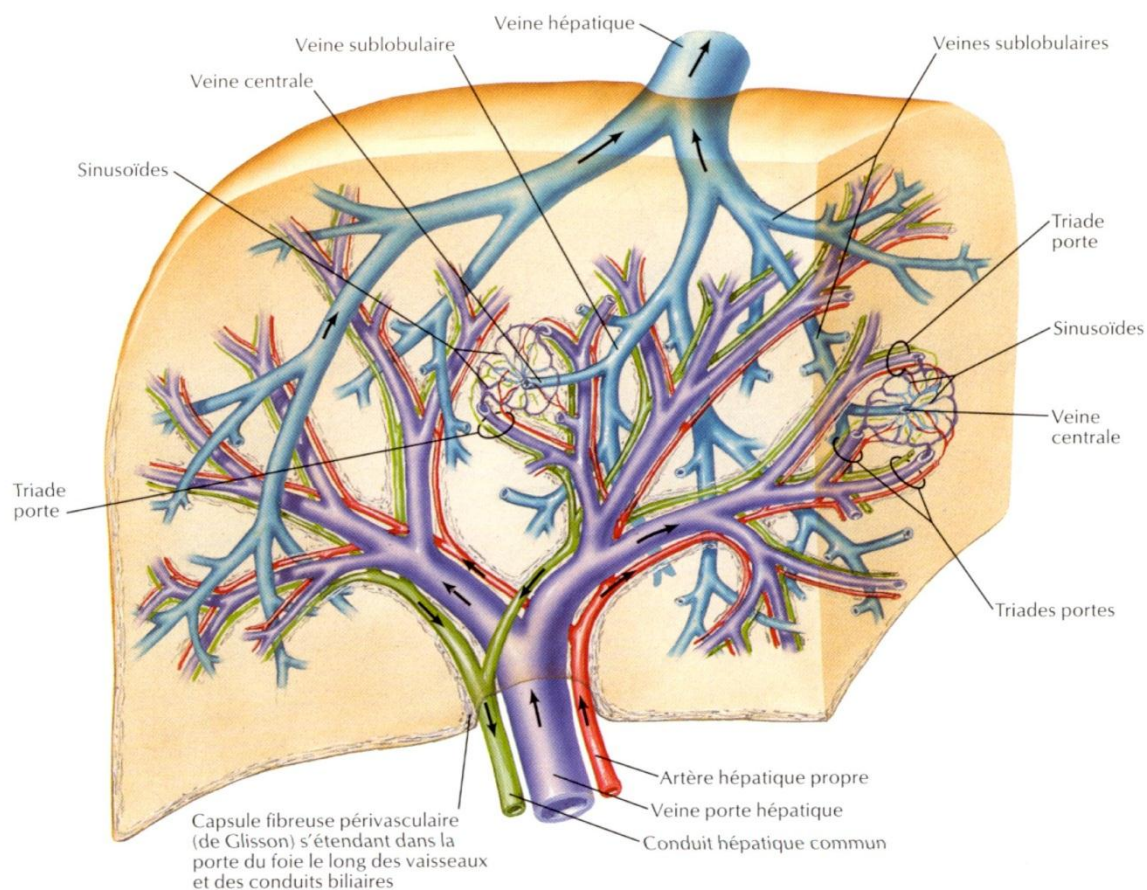




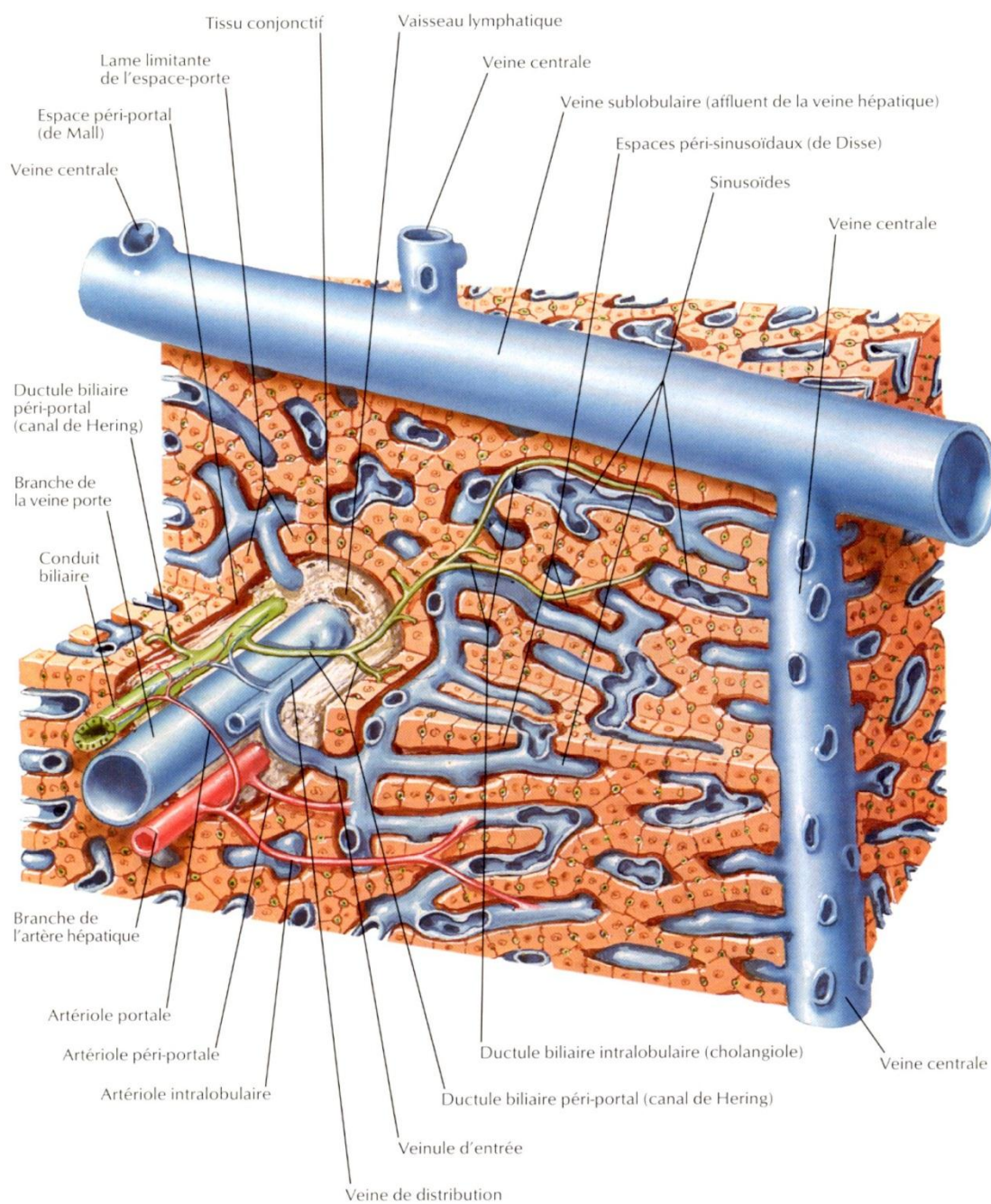




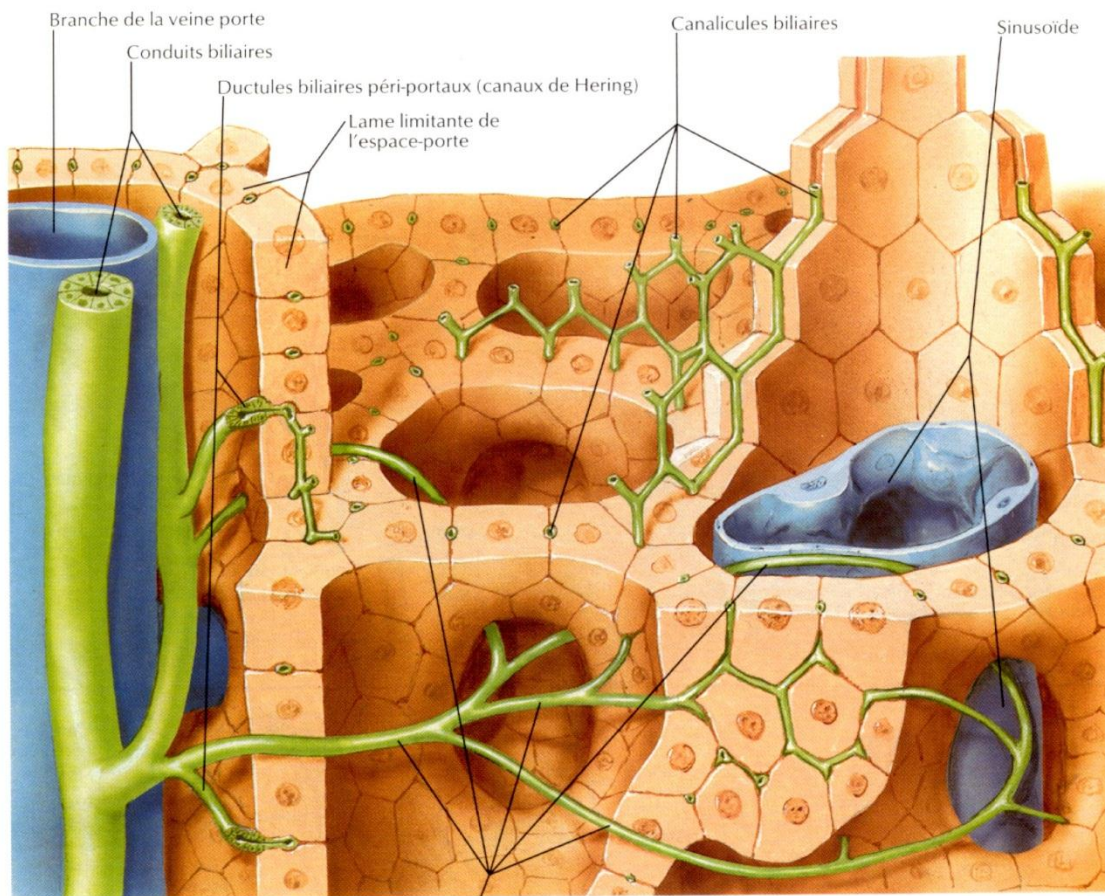




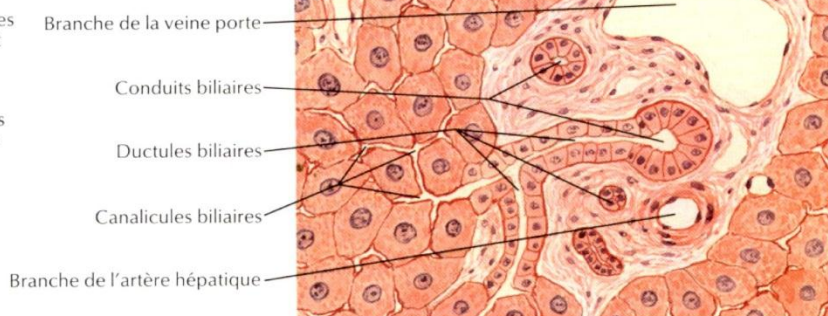
Structure lobulaire normale du foie



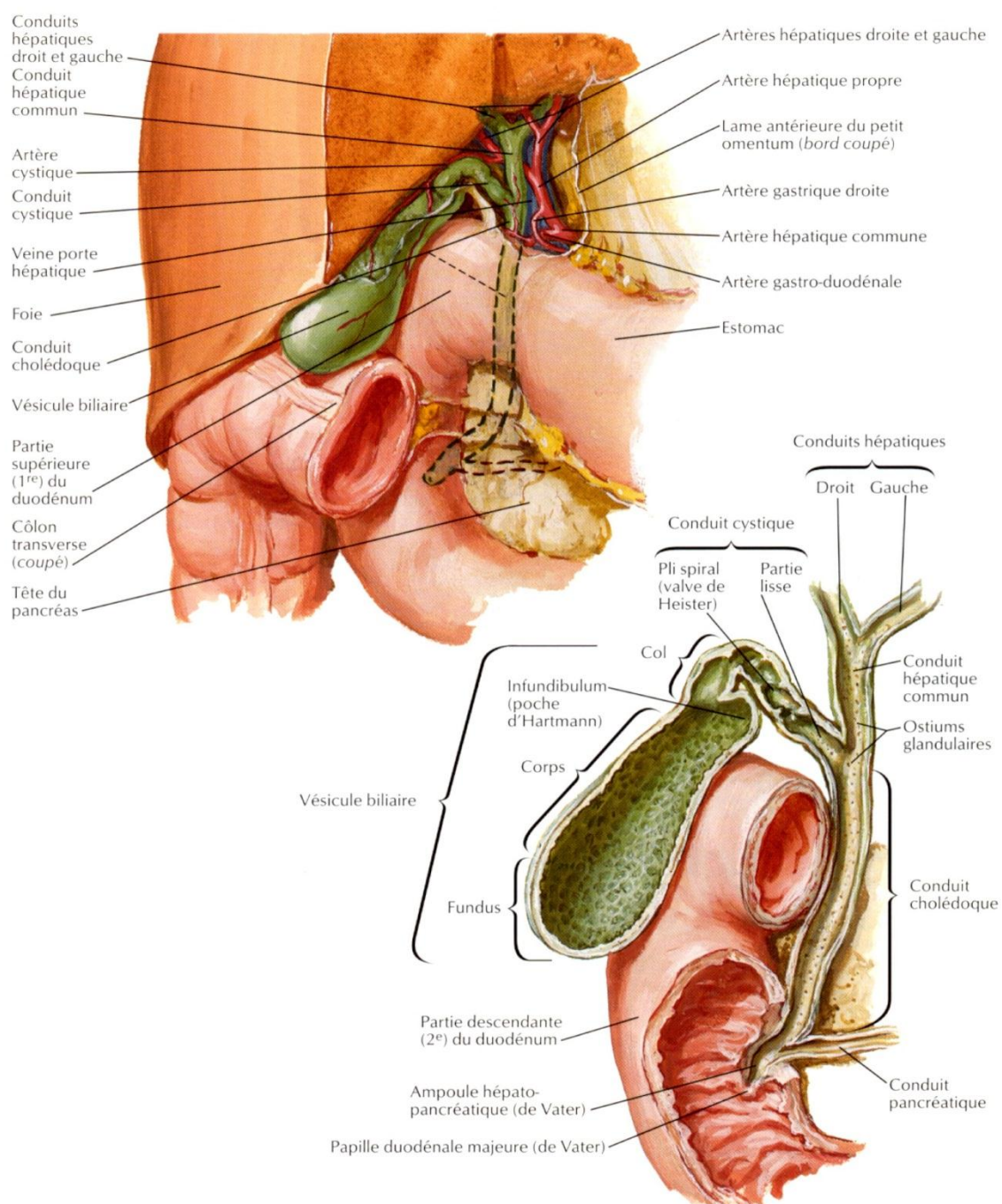




Note : dans le dessin ci-dessus, les canalicules biliaires apparaissent comme des structures avec des parois propres. Cependant, comme le montre la coupe histologique de droite, les limites des canalicules sont, en fait, une membrane dérivée des cellules du parenchyme hépatique environnant.



Coupe du foie à faible grossissement

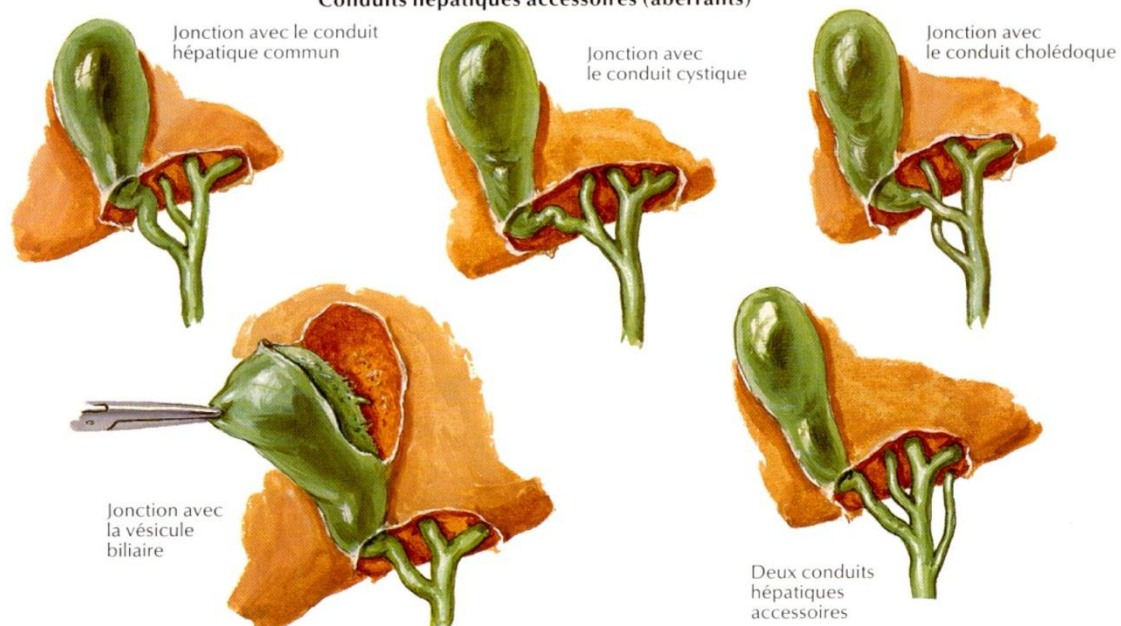


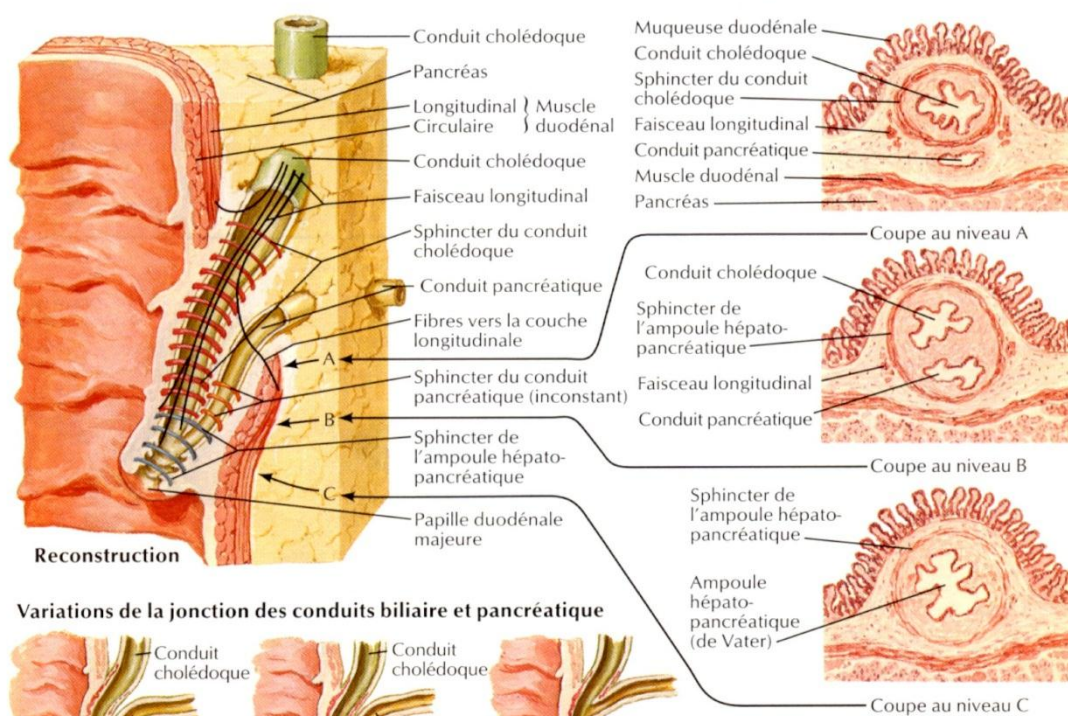
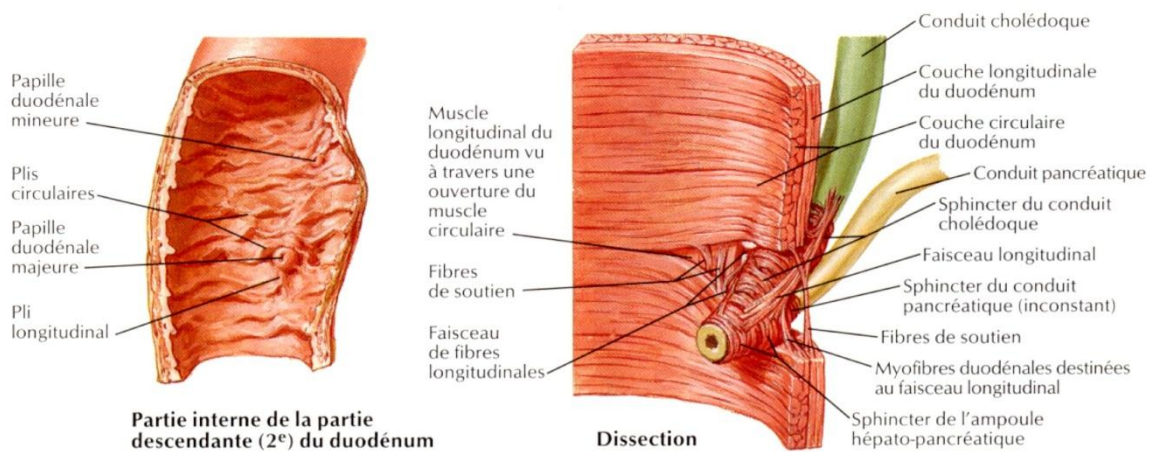


### Variations du conduit cystique

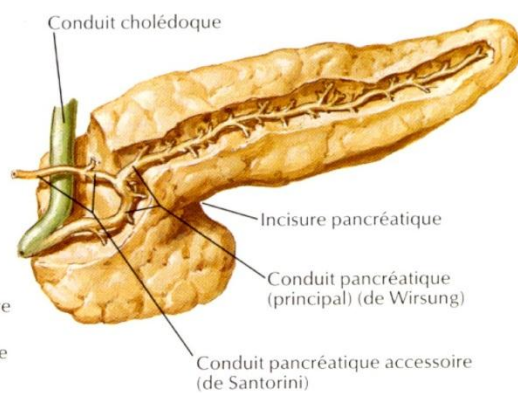
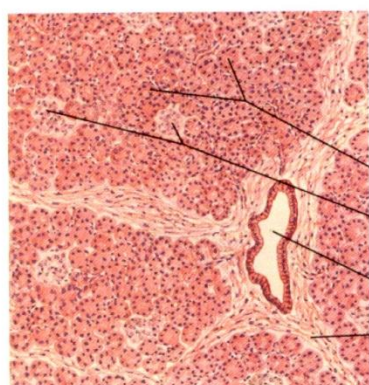
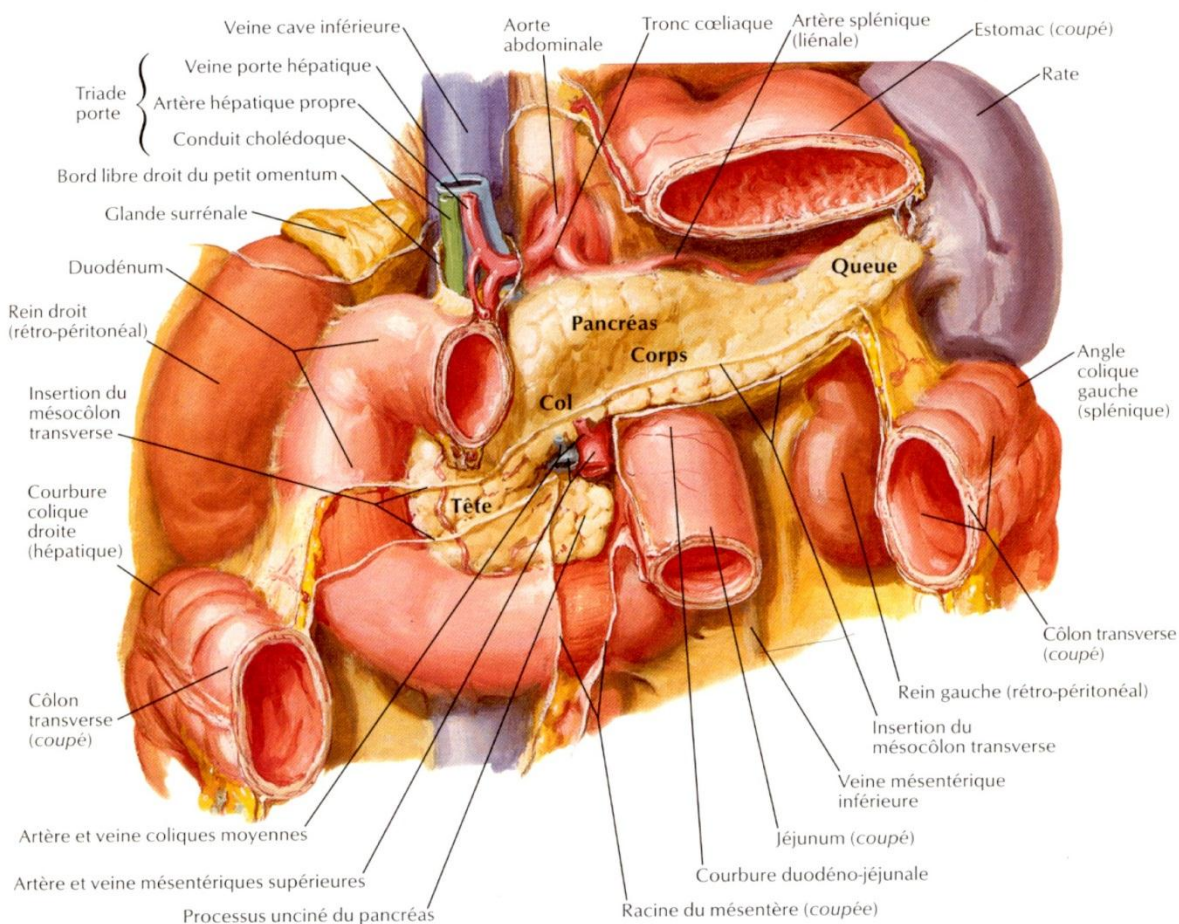


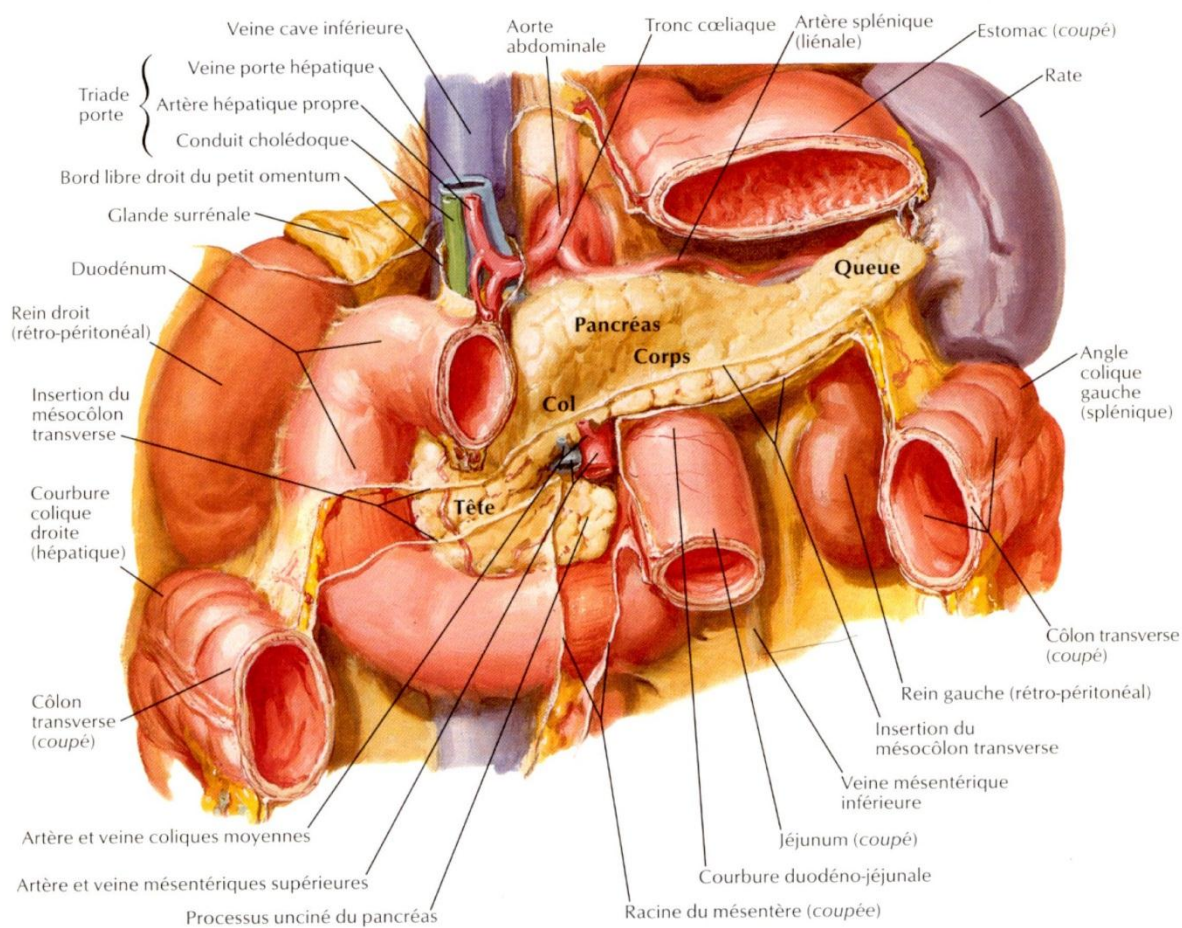
### Conduits hépatiques accessoires (aberrants)



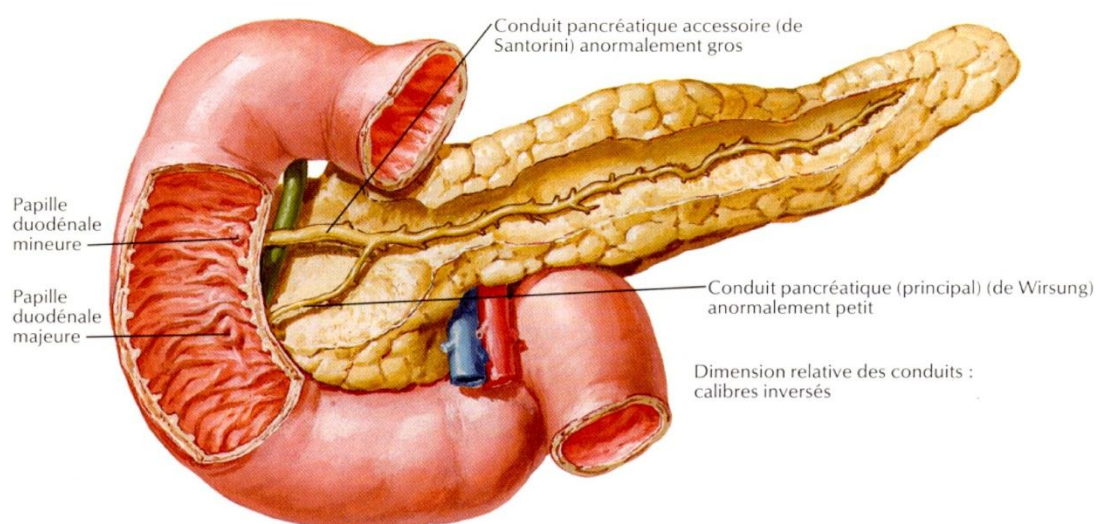




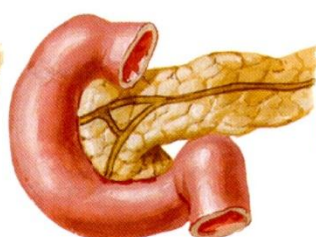




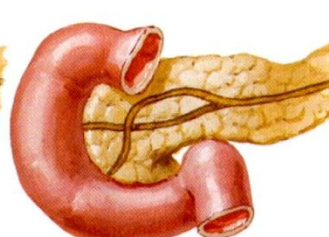




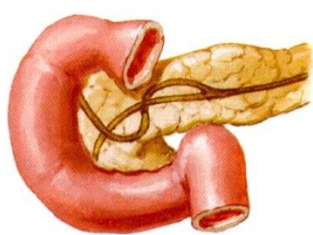
Double conduit pancréatique accessoire (de Santorini)



Anastomose entre les conduits



Croisement des conduits



Double croisement des conduits



Absence d'anastomose entre les conduits



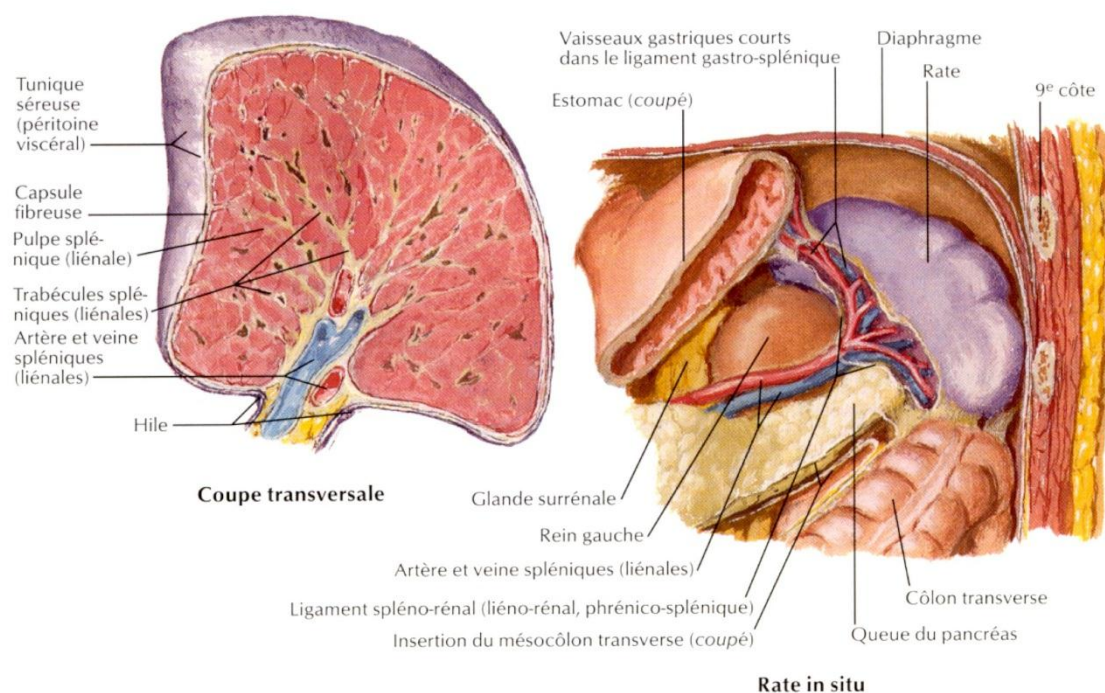
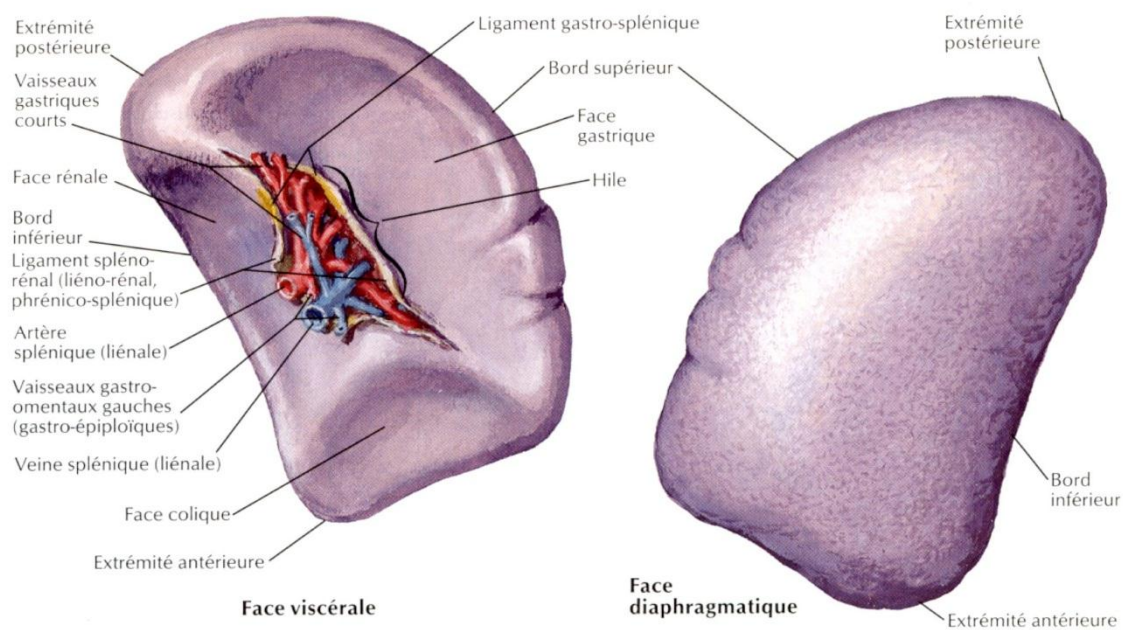
Conduit pancréatique (principal) (de Wirsung) double



Conduits sinueux

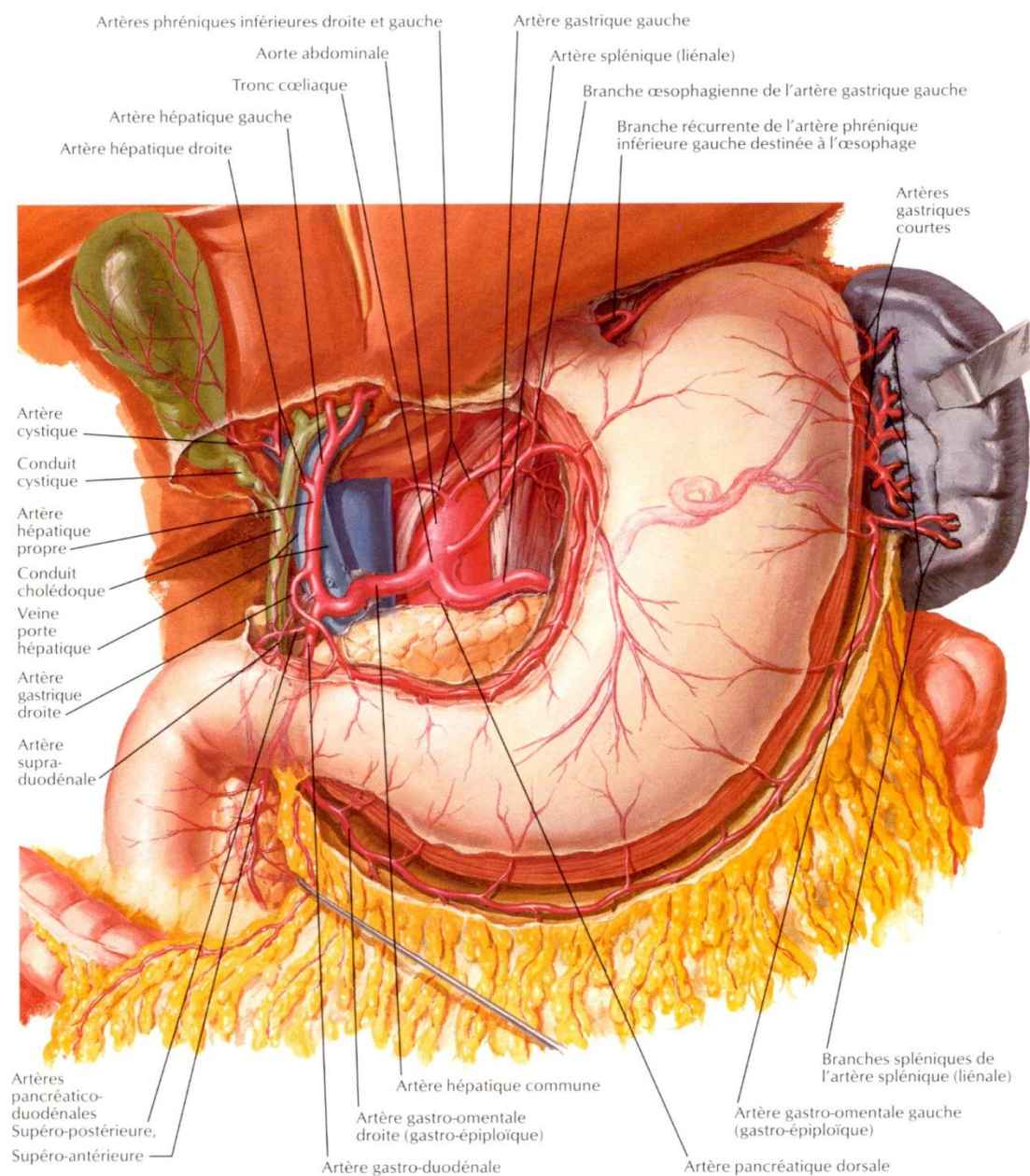


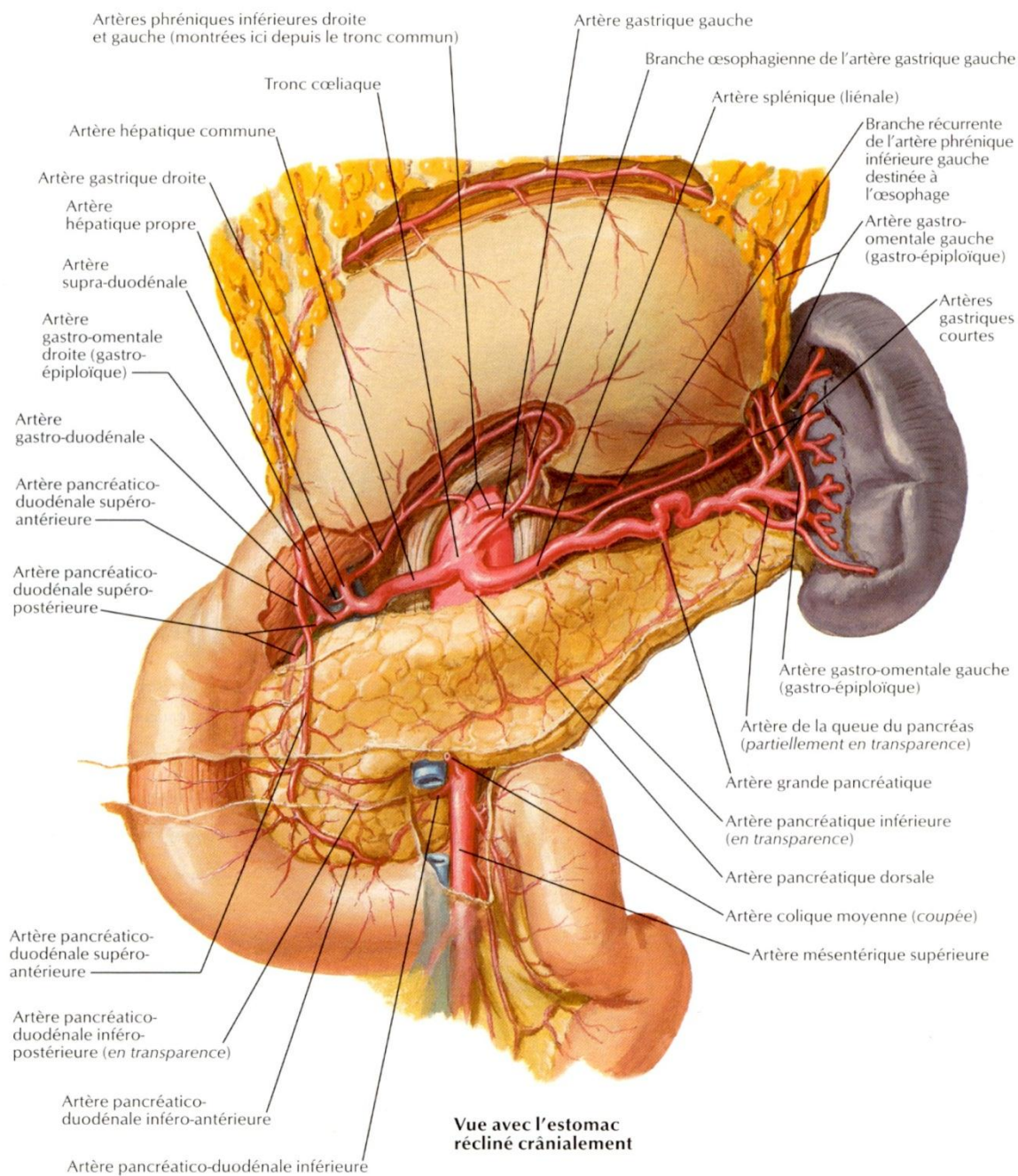
Absence de conduit pancréatique accessoire (de Santorini)



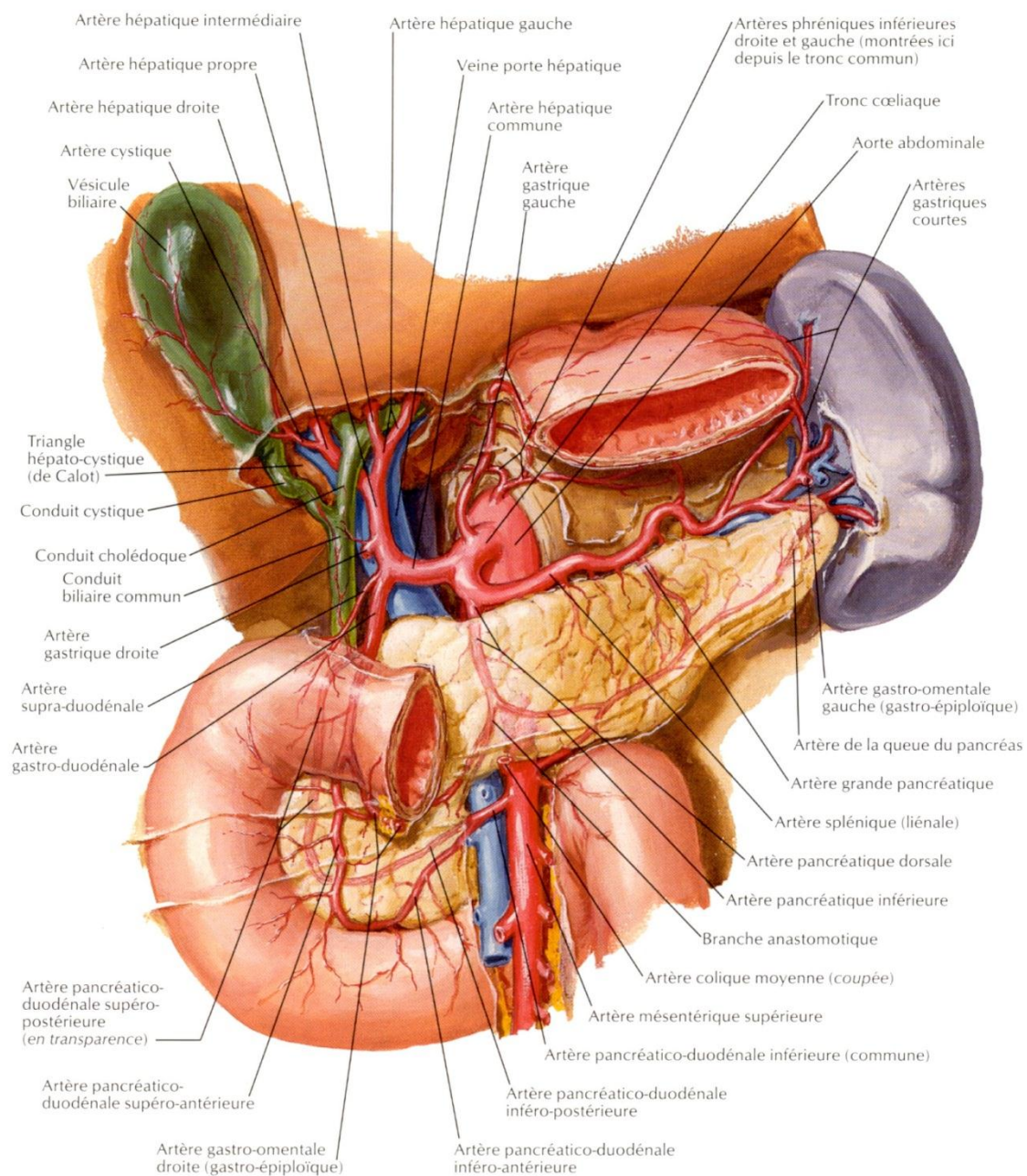


## e. Vascularisation viscérale

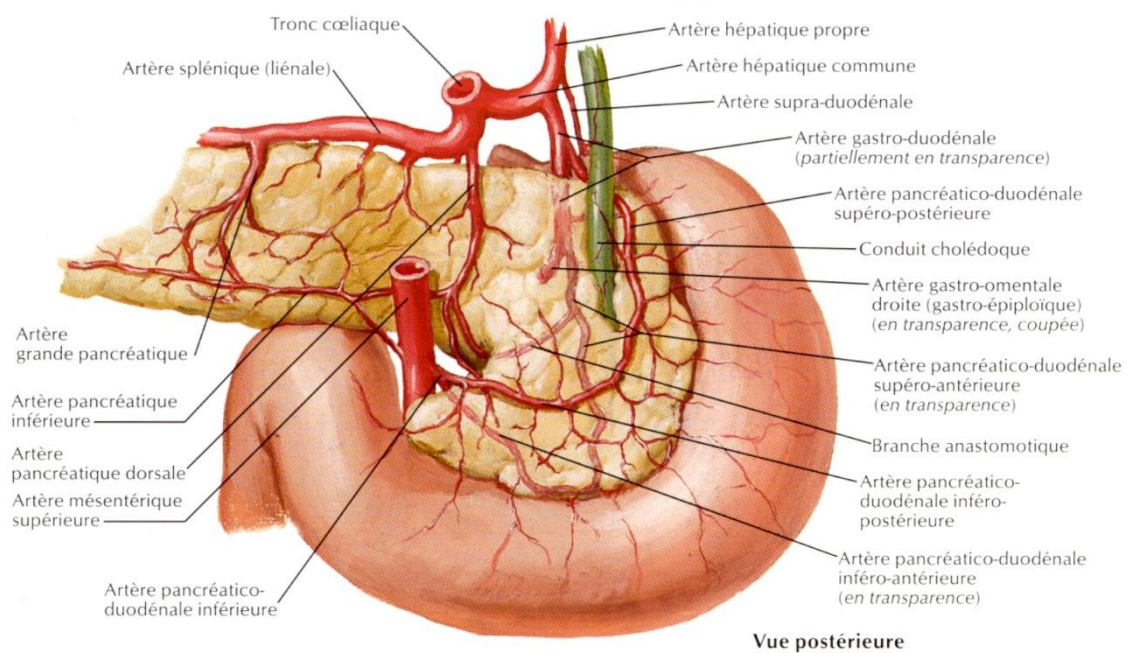
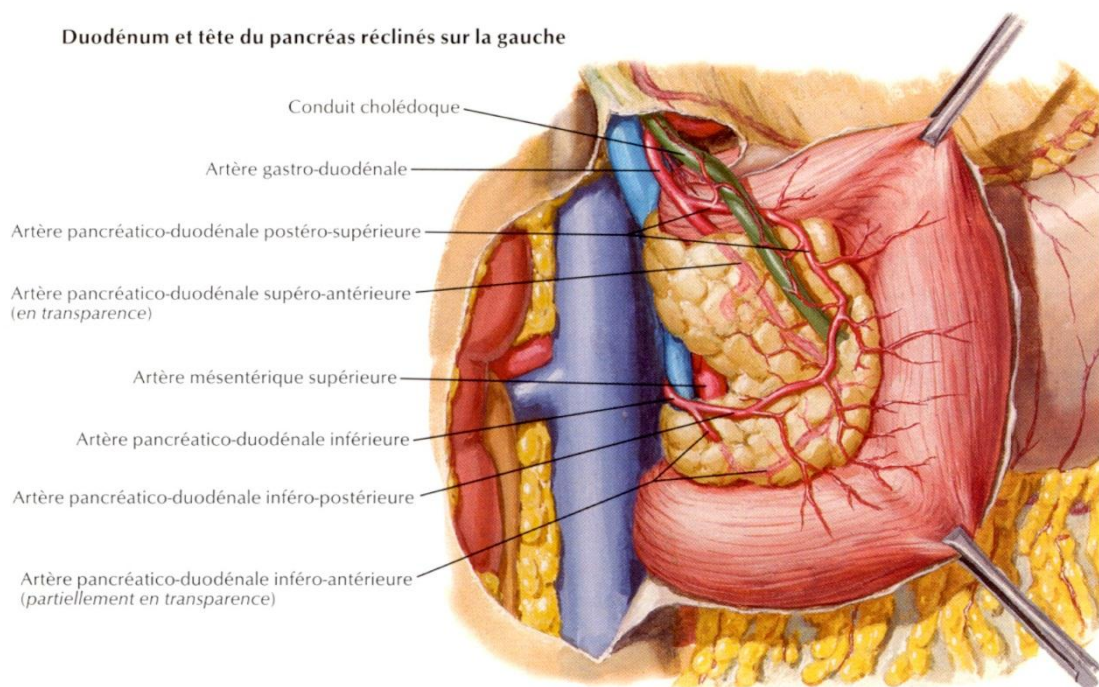




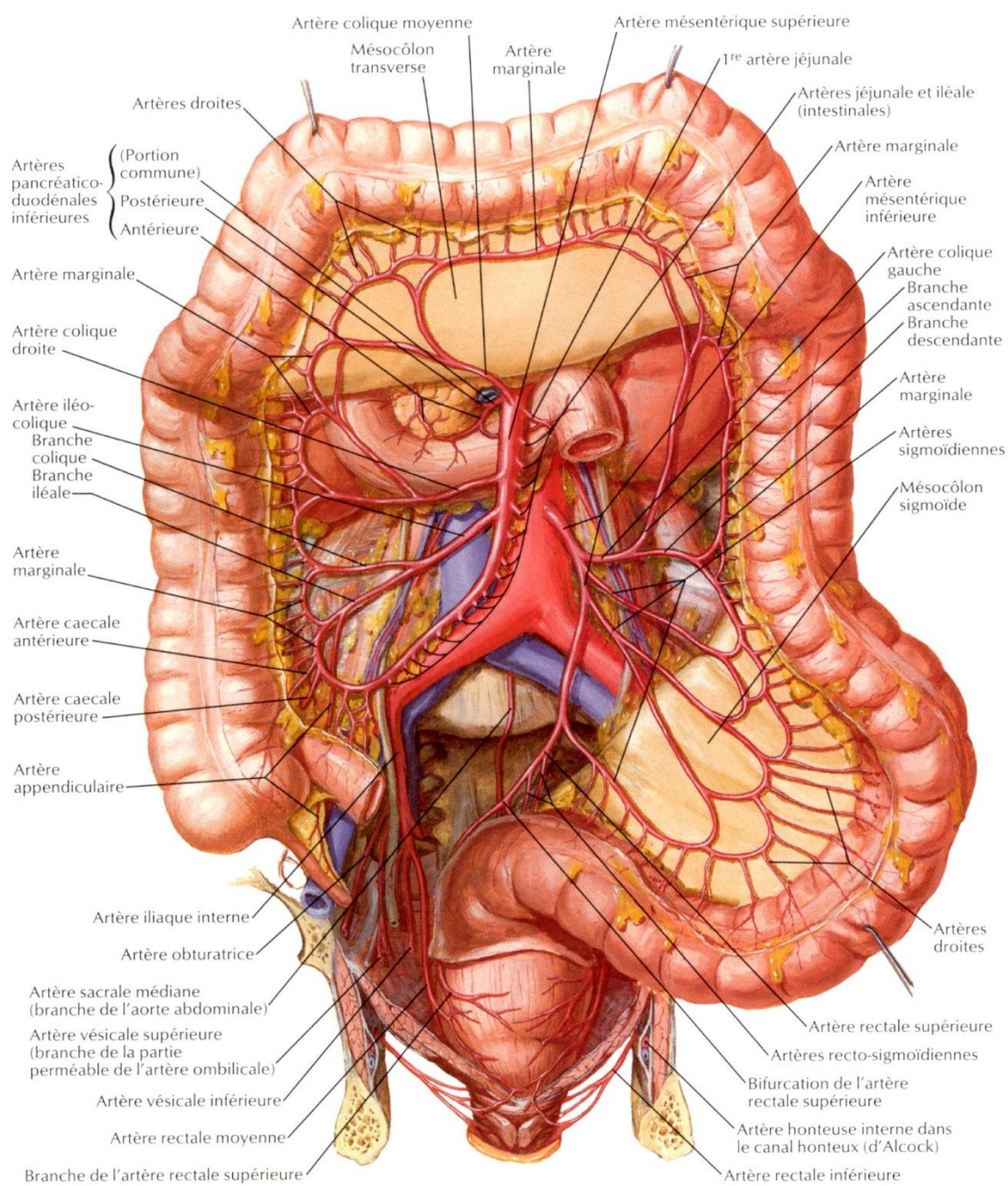


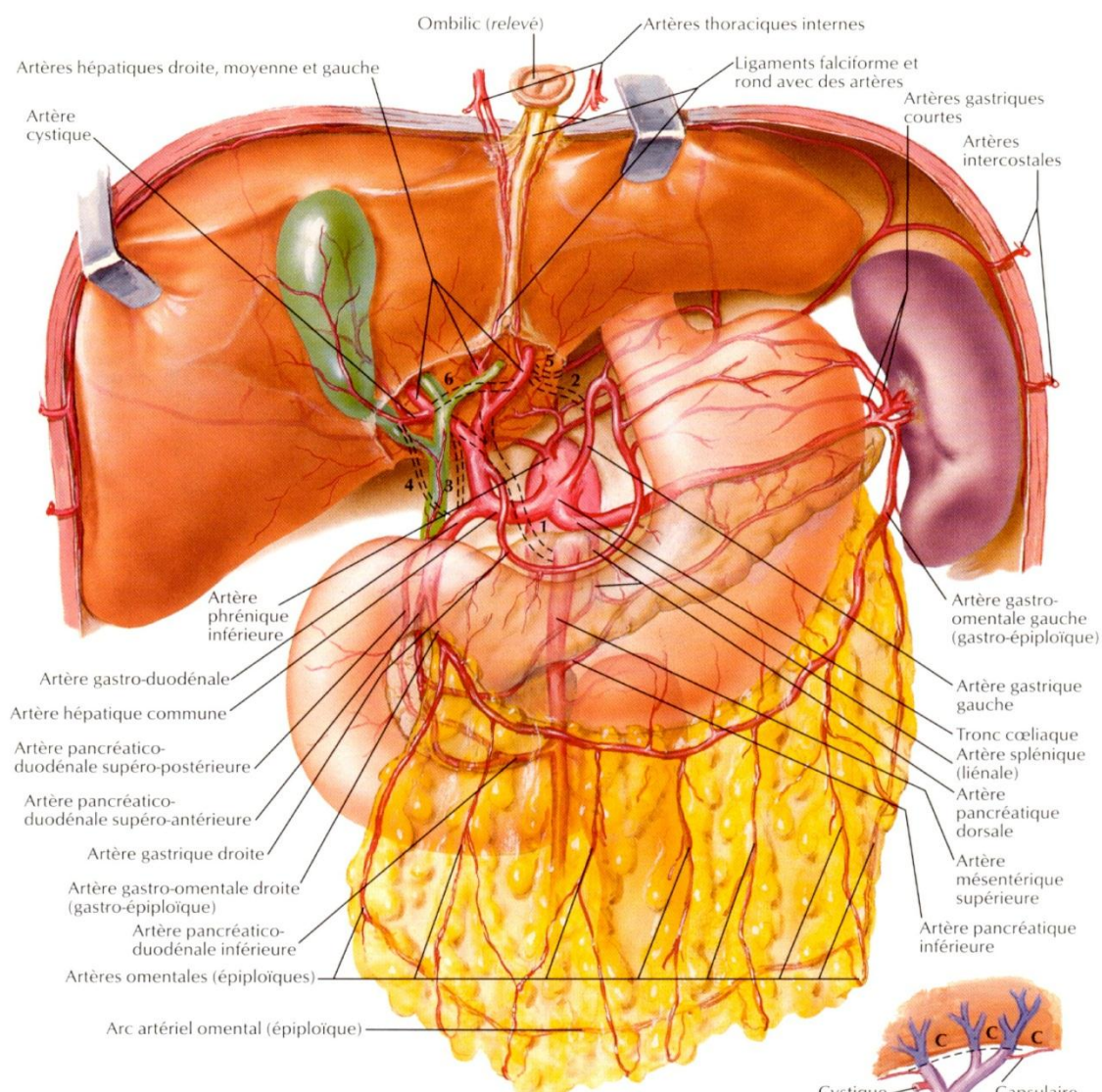


### Duodénum et tête du pancréas réclinés sur la gauche









#### Artères accessoires ou figurées en pointillé

1. Hépatique droite ou commune
2. Hépatique gauche
3. Hépatique droite
4. Cystique

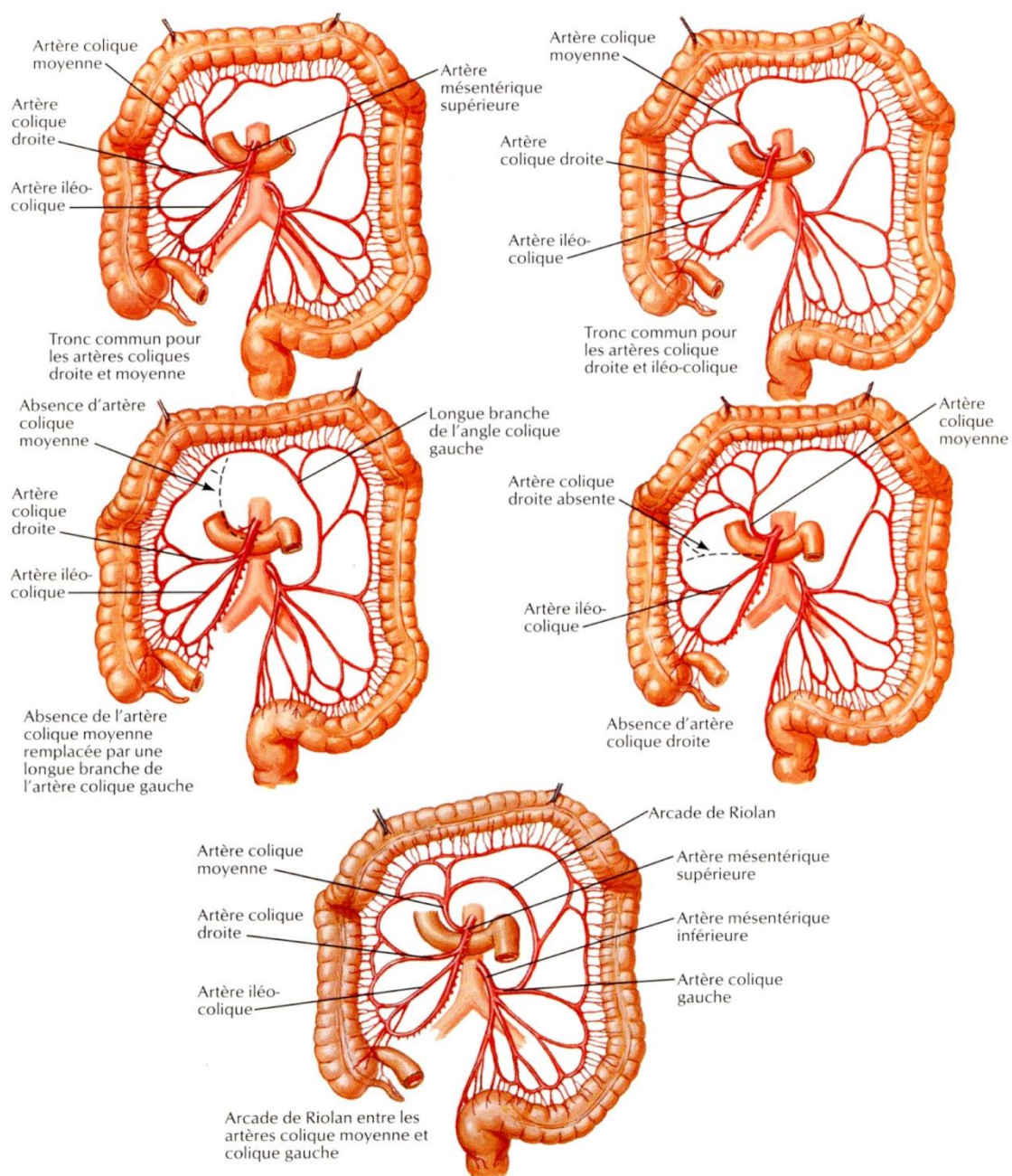
#### Anastomoses des artères correspondantes

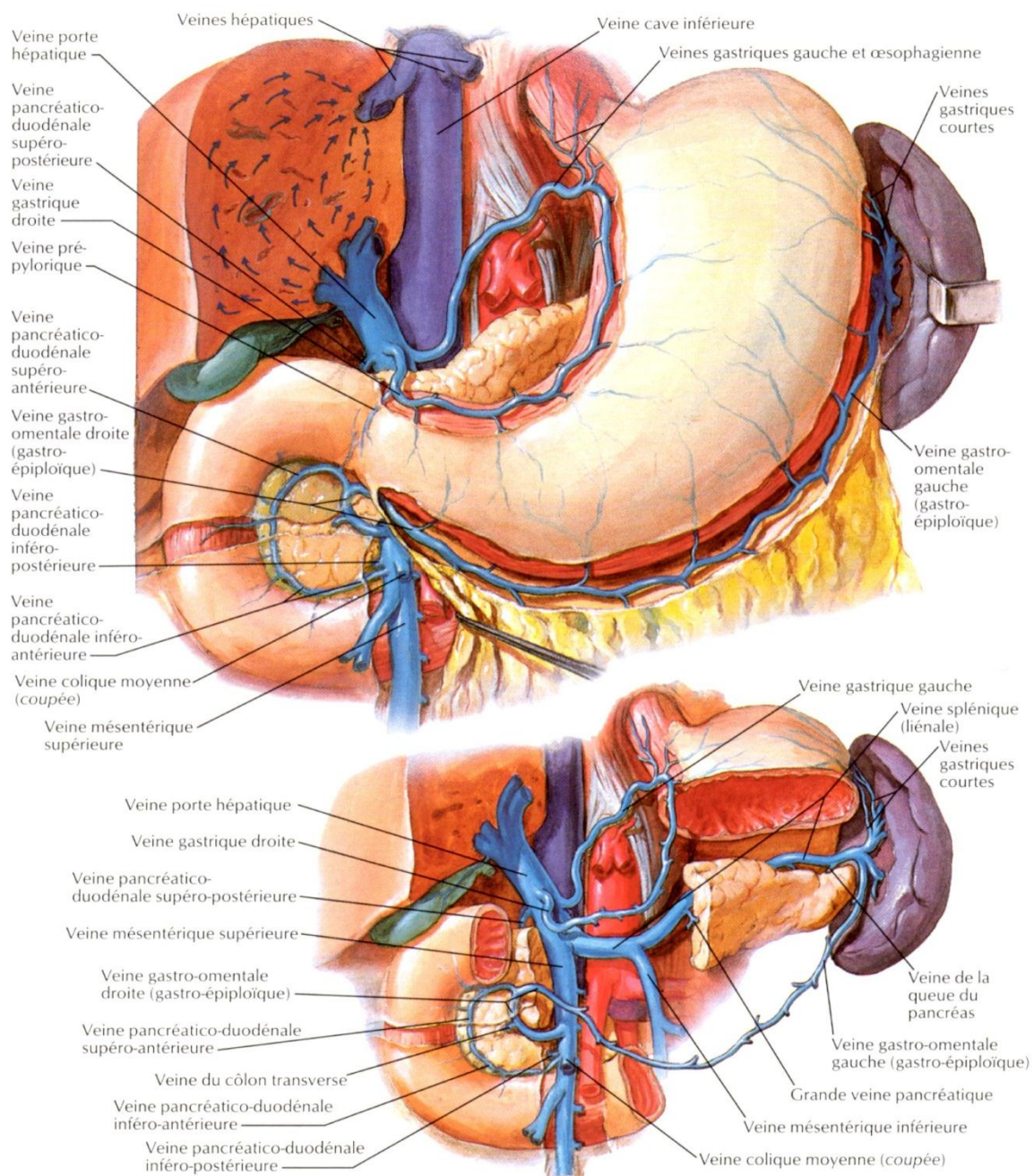
5. Phrénique inférieure ↔ gastrique gauche
6. Hépatique droite ↔ hépatique gauche

#### Effets de l'obstruction de l'artère hépatique

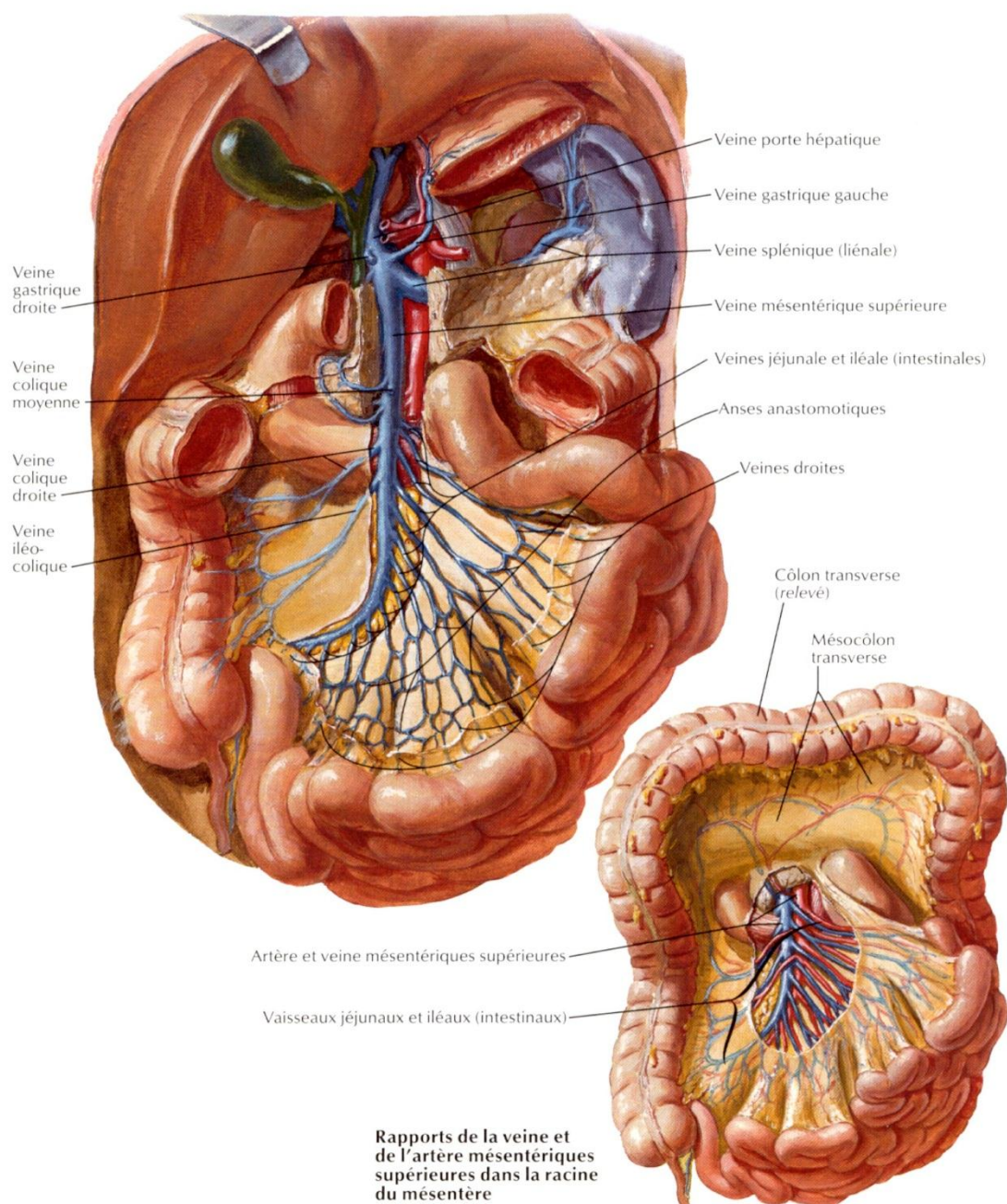
- A. Zone de relative sécurité
- B. Zone de risques potentiels
- C. Zone de lésion inévitable

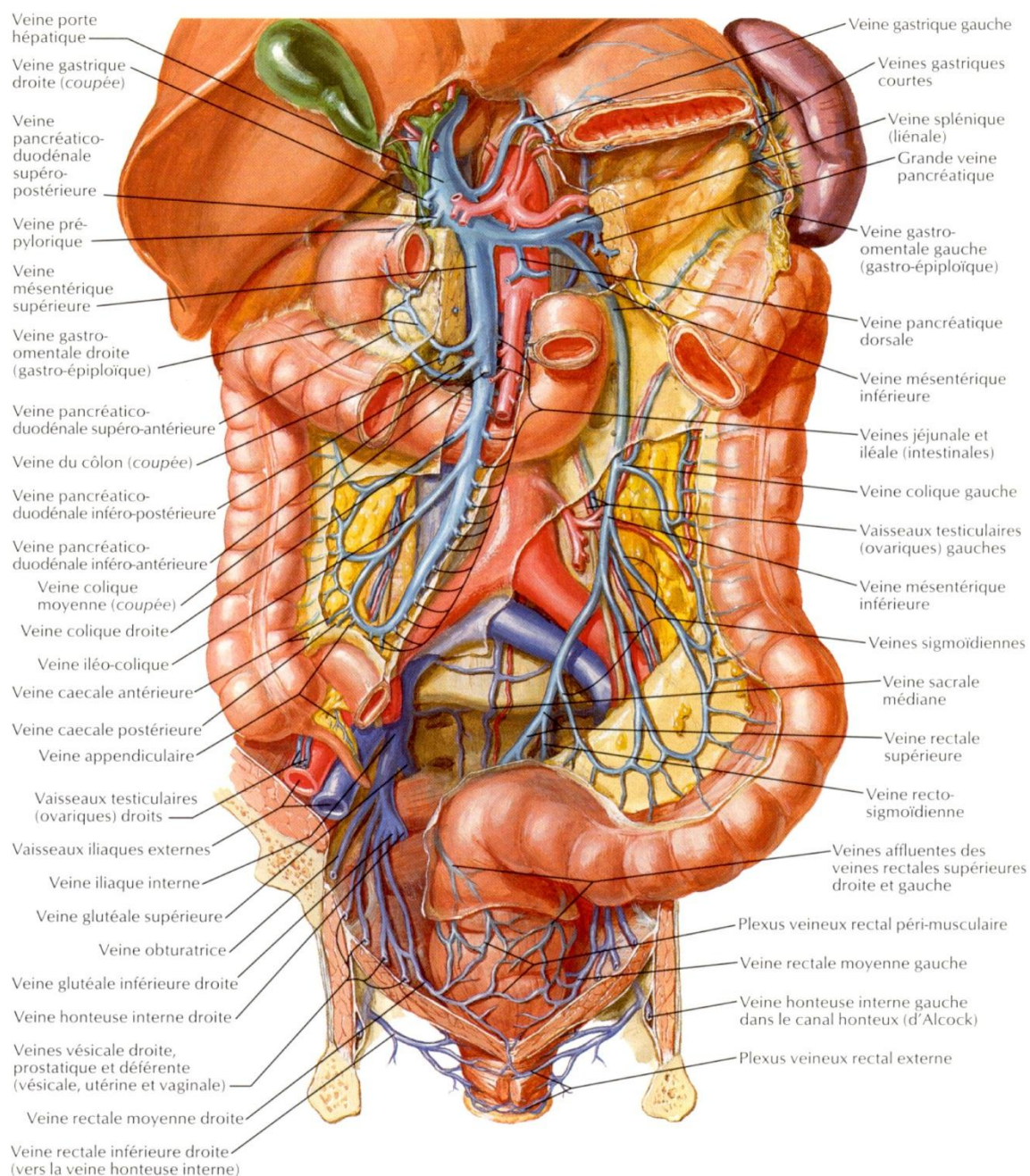




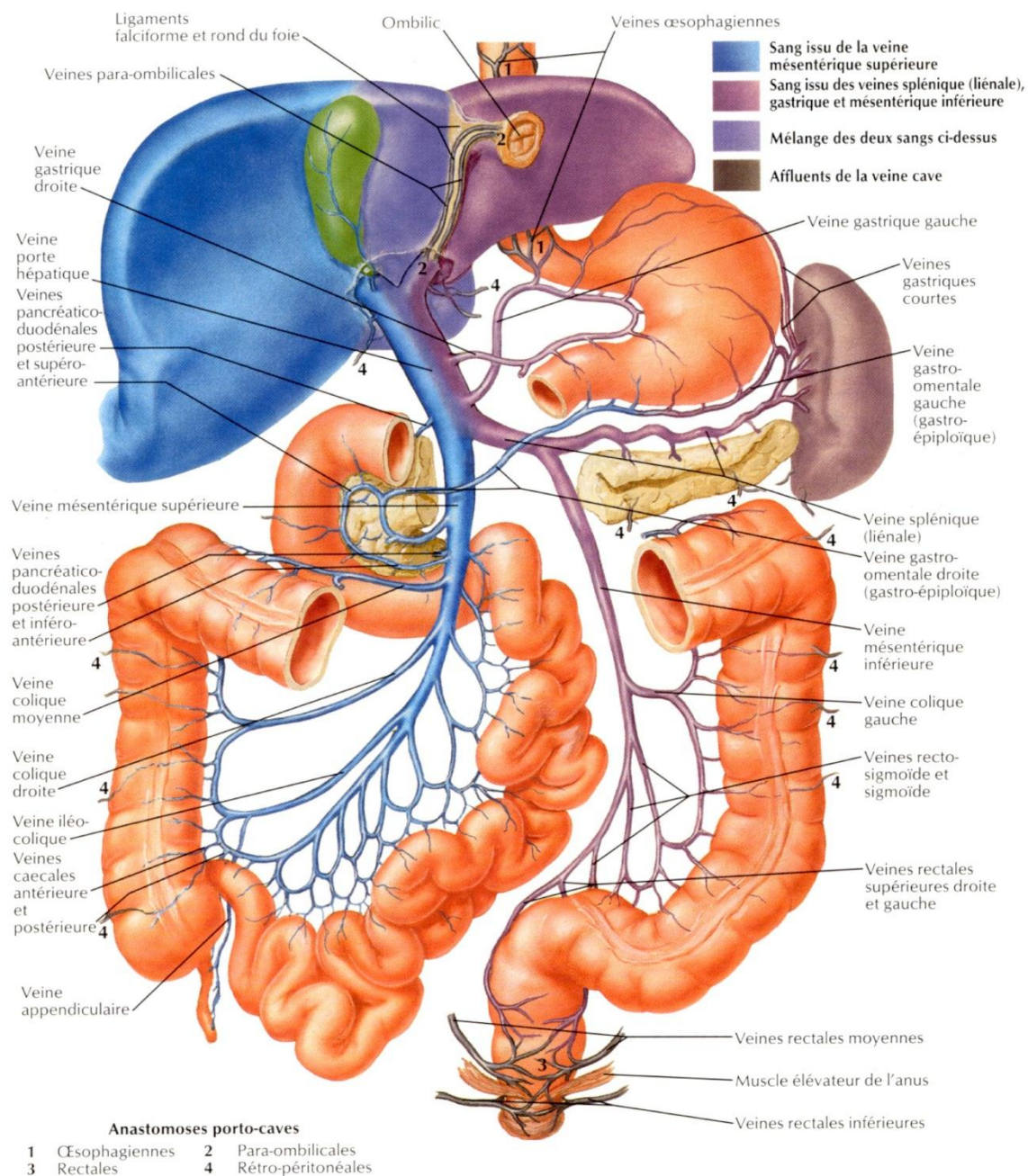


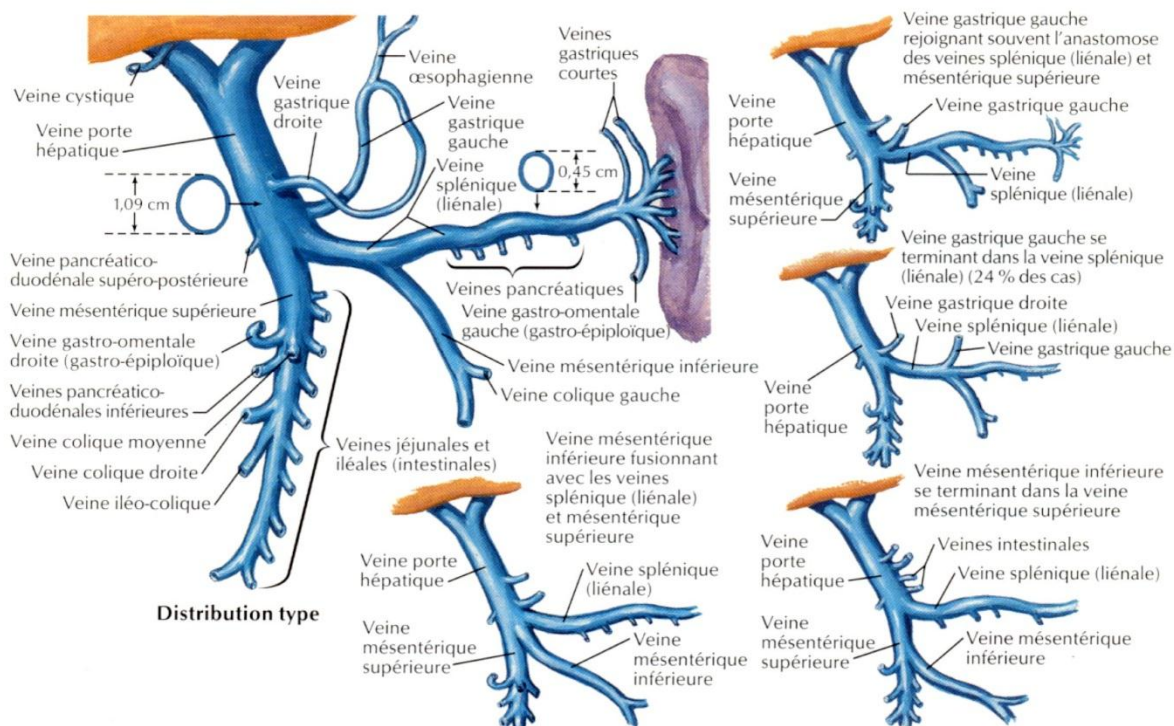




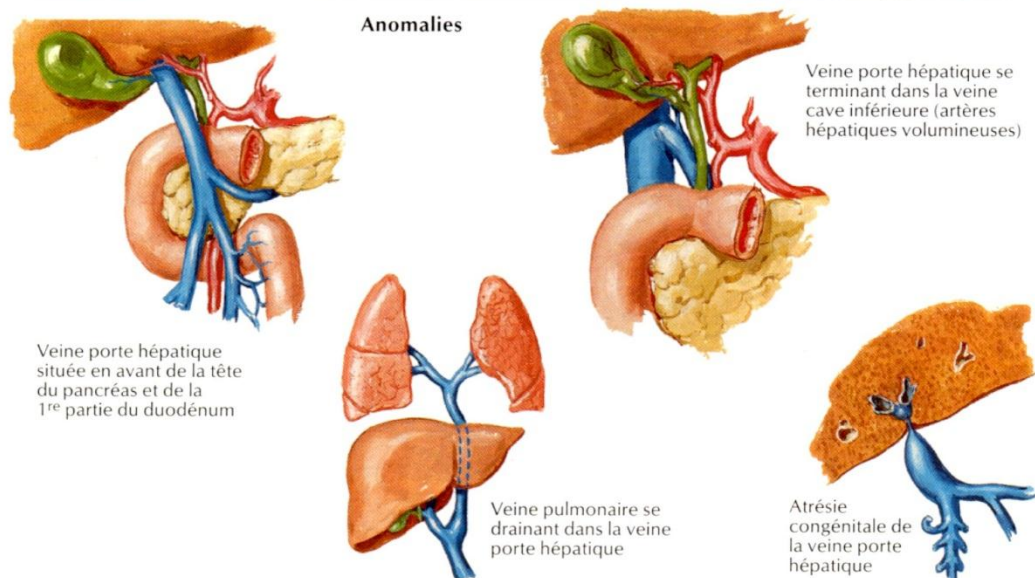




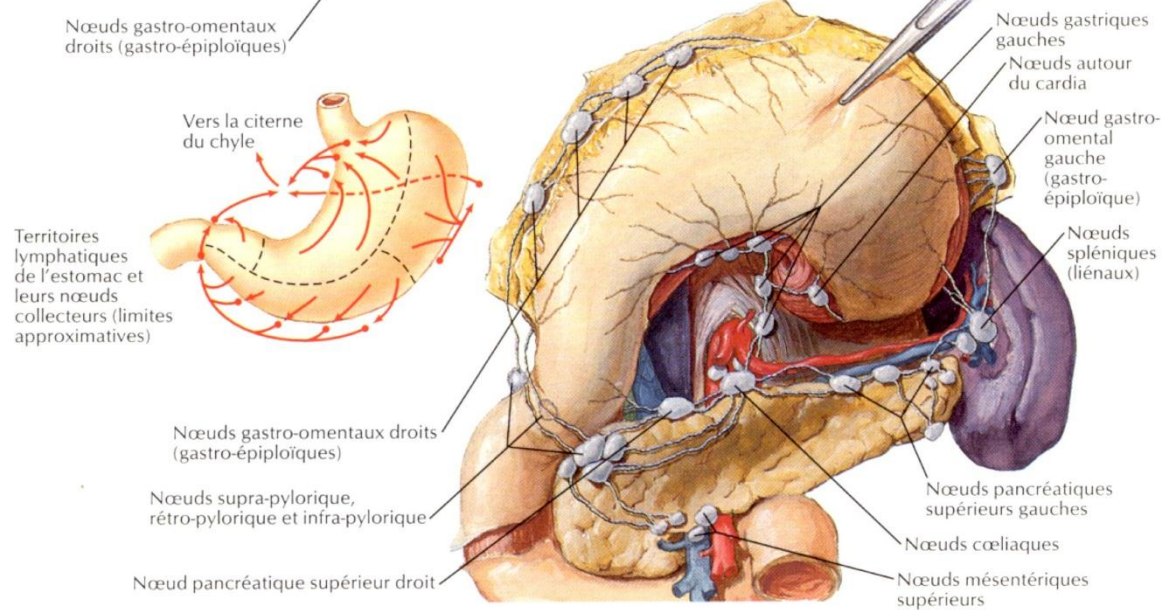
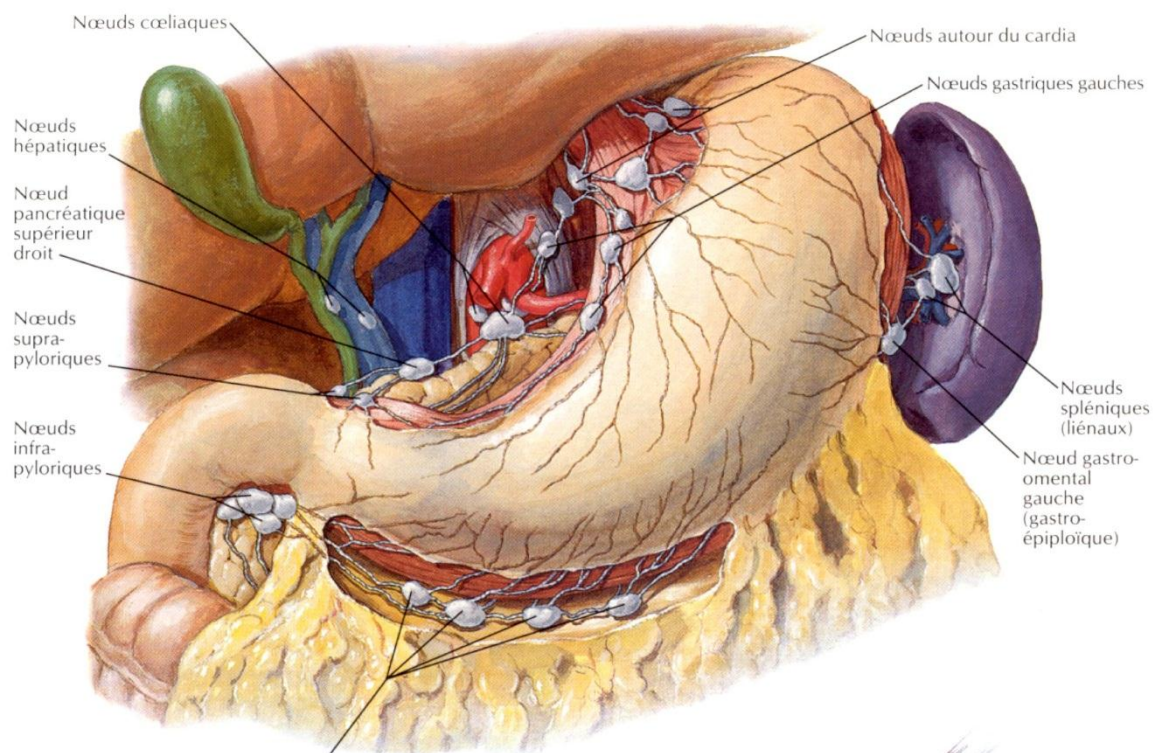




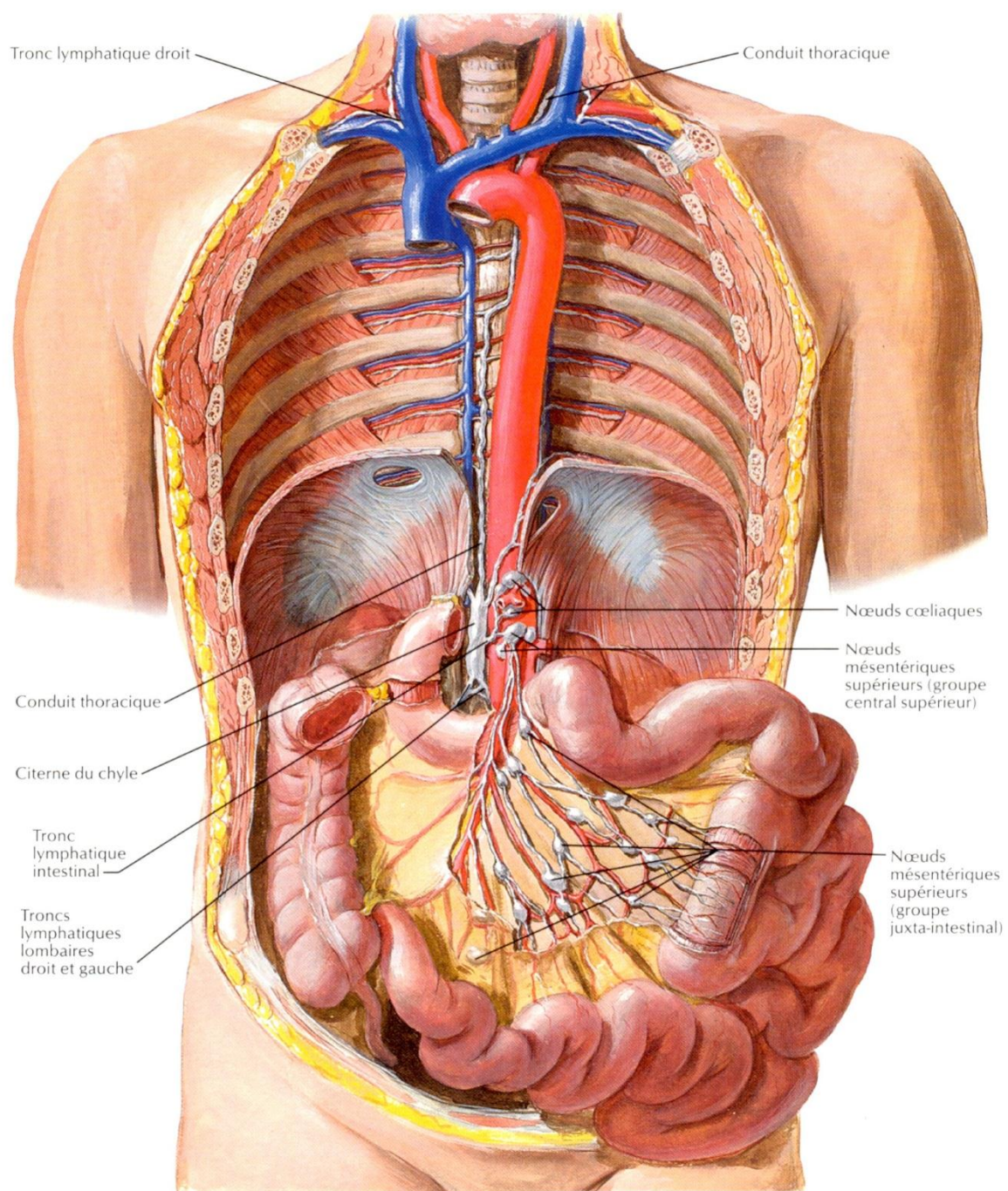
### Anomalies



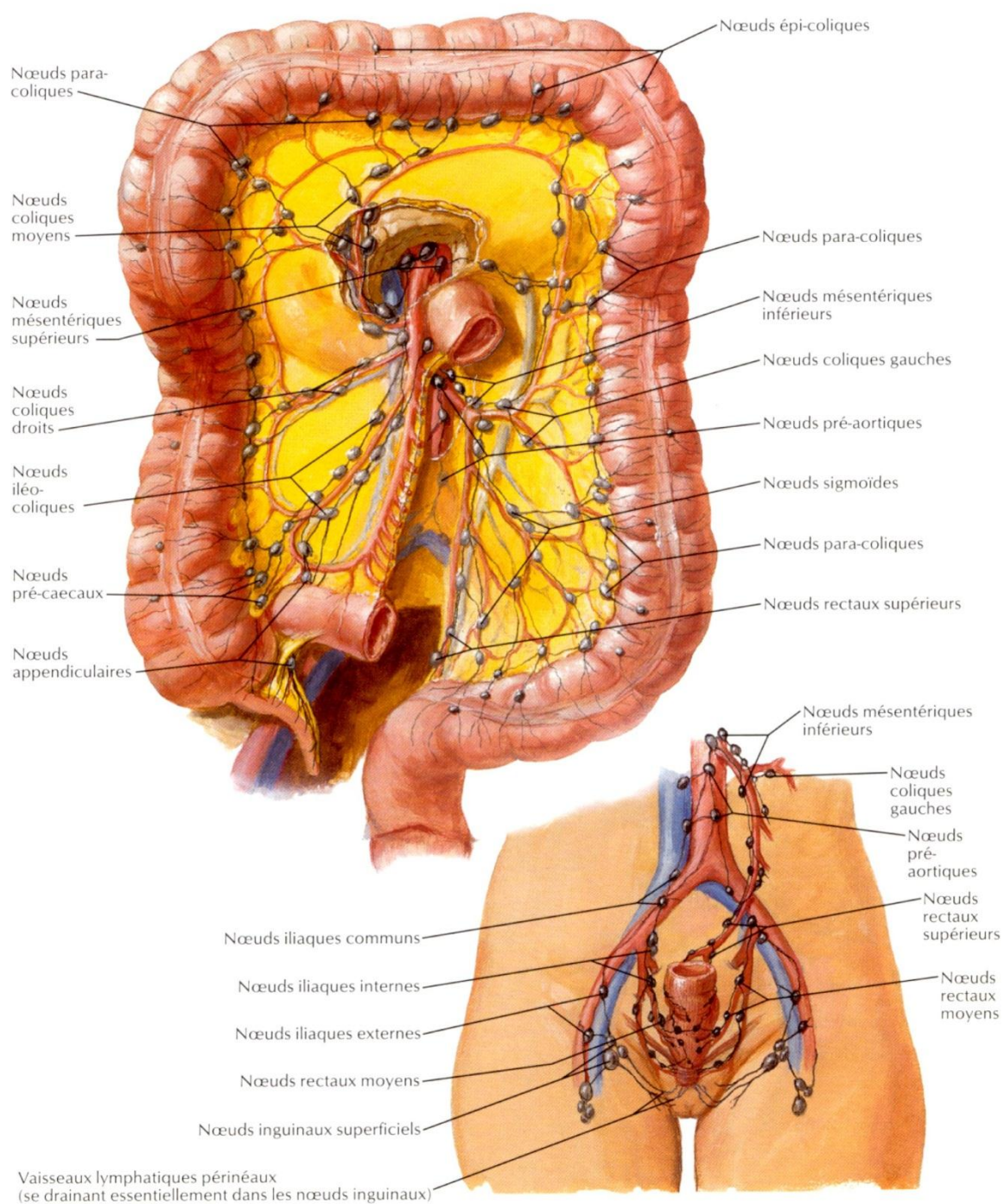


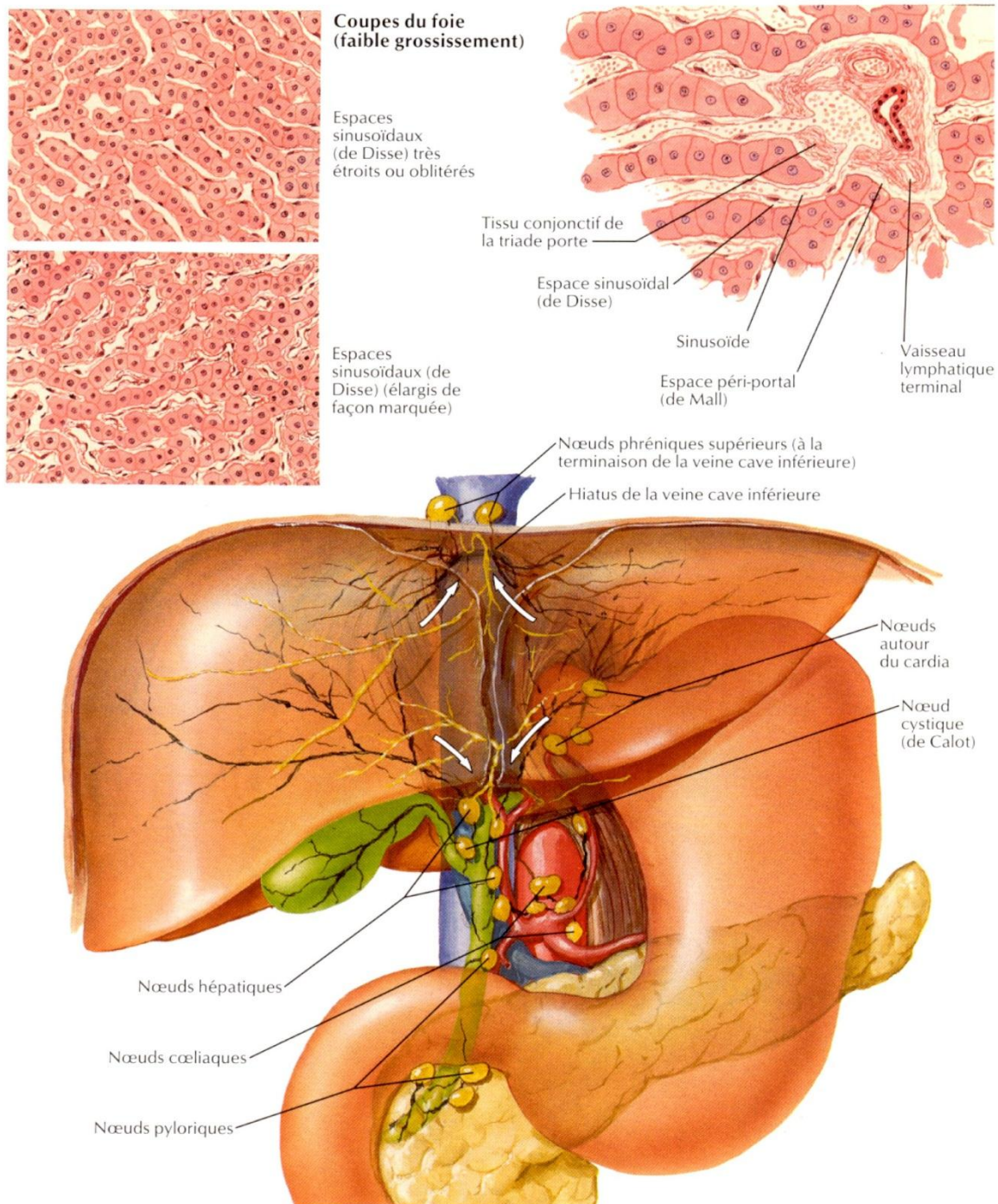




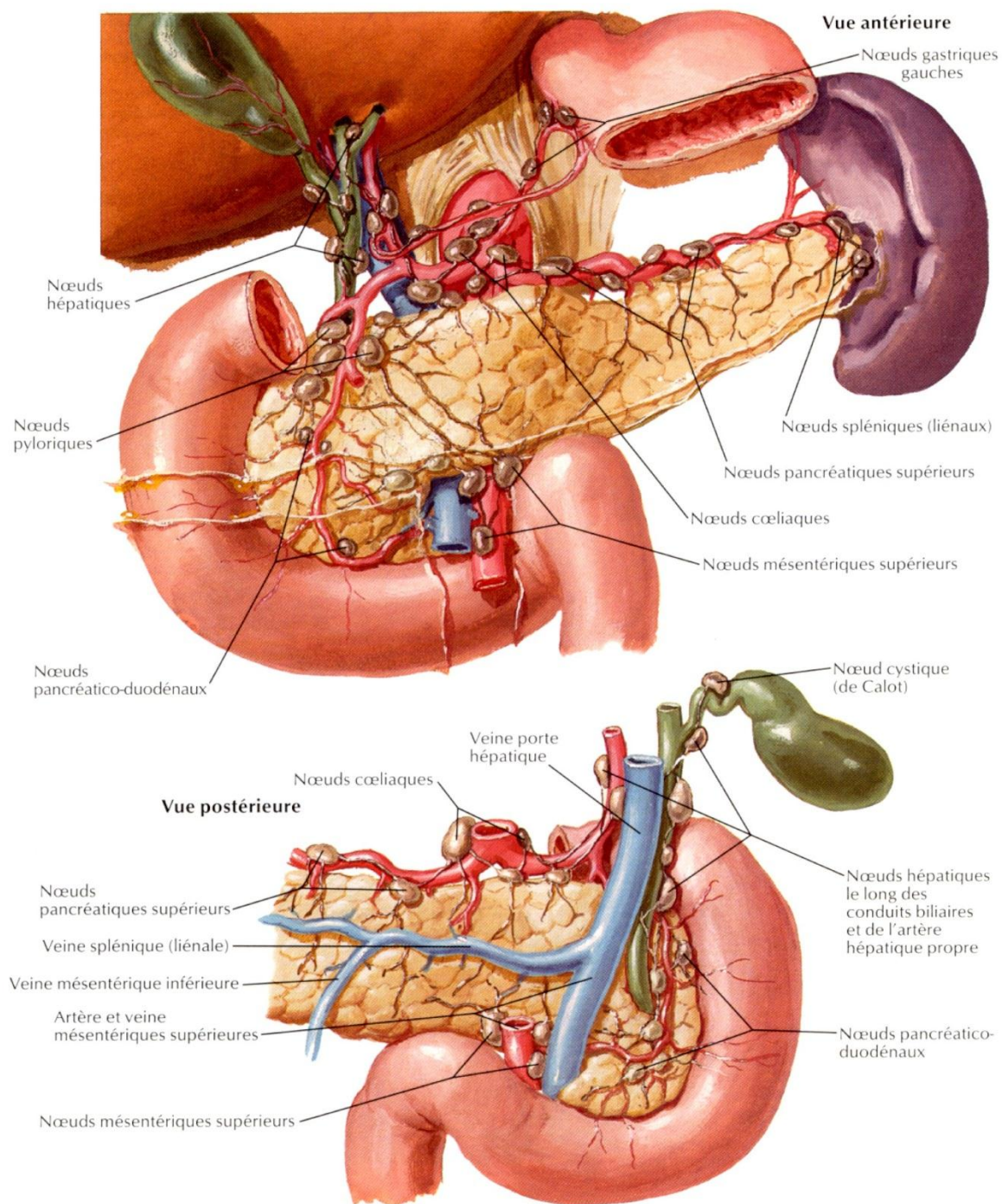




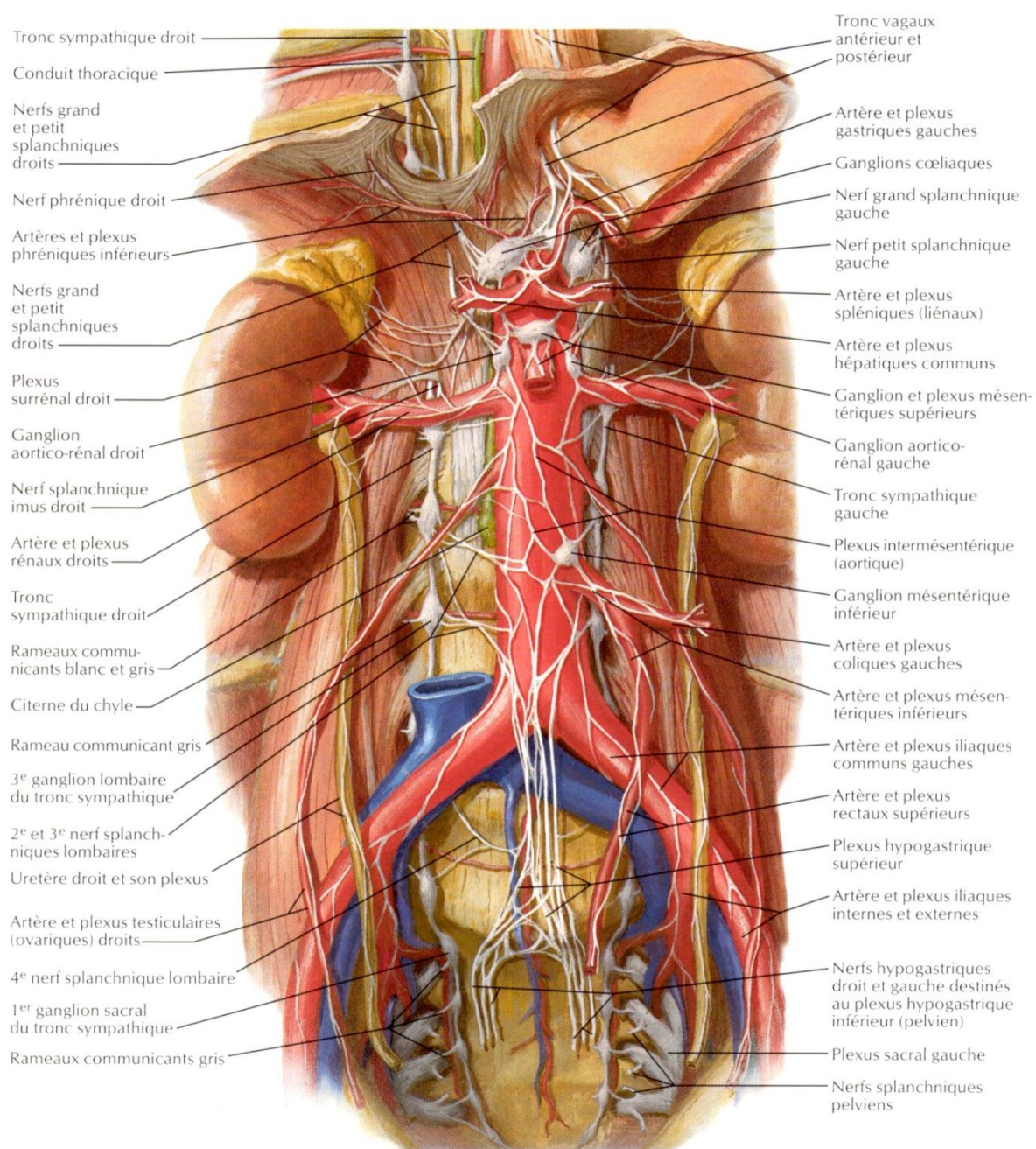




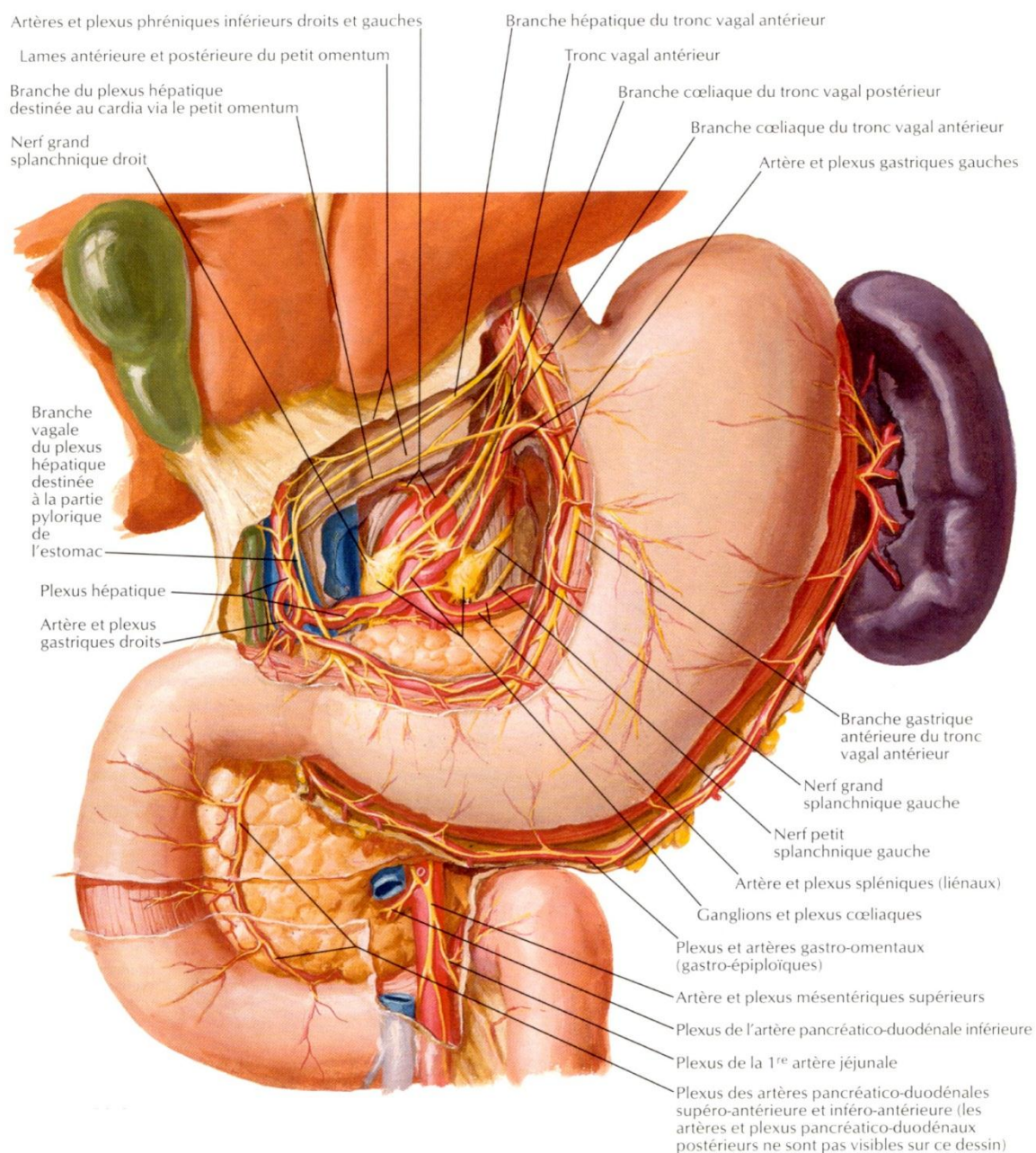


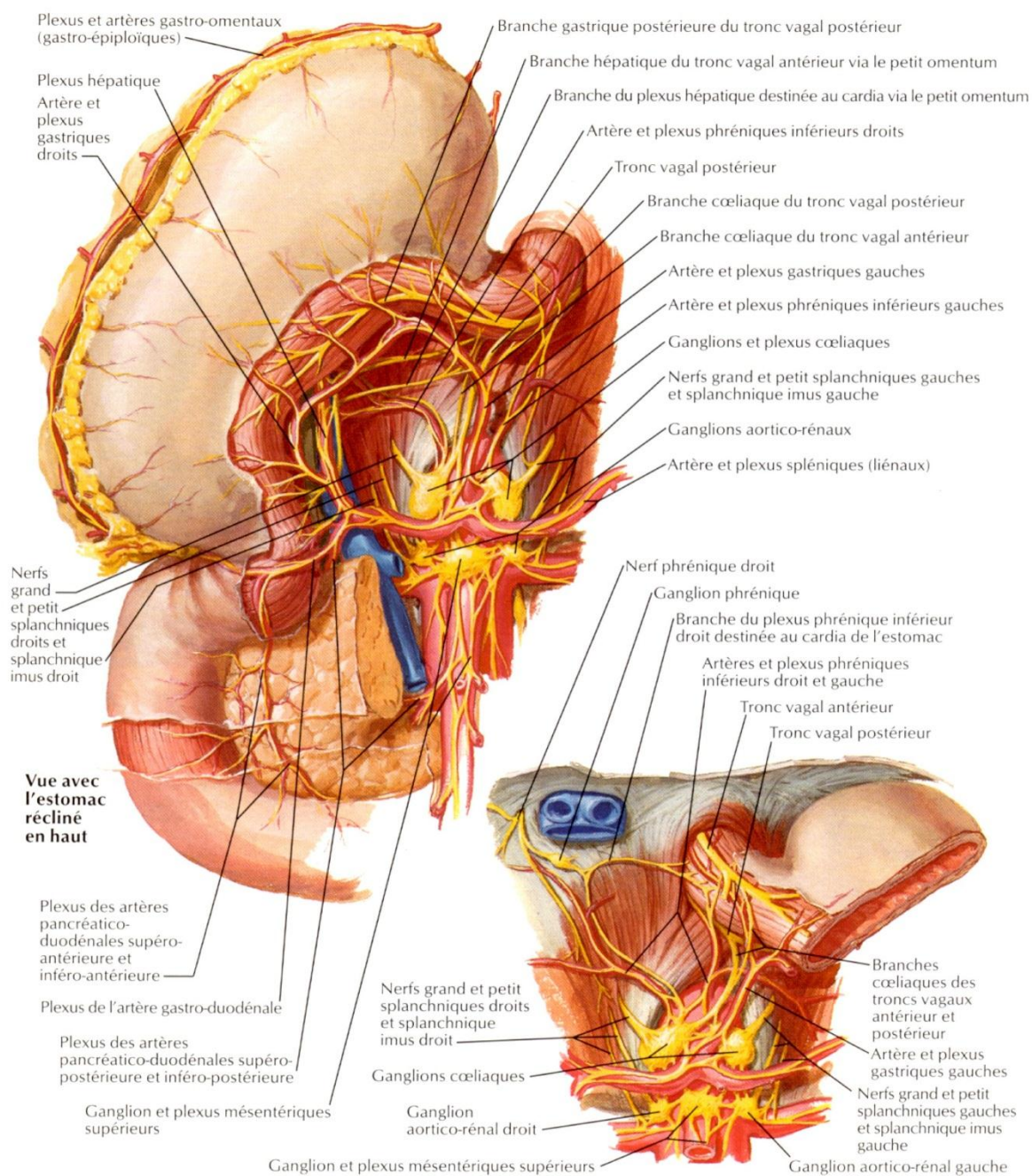


## f. Innervation

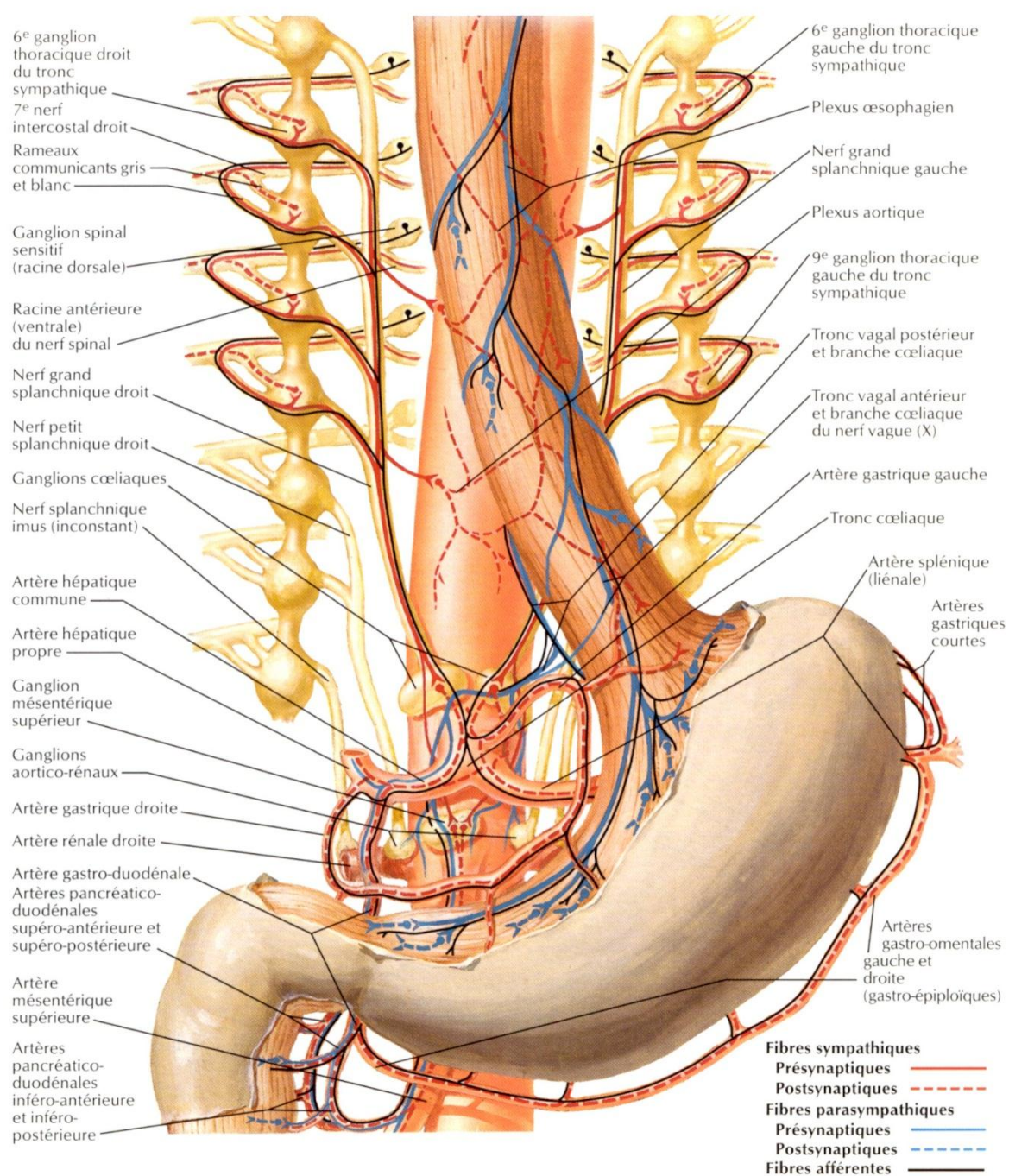




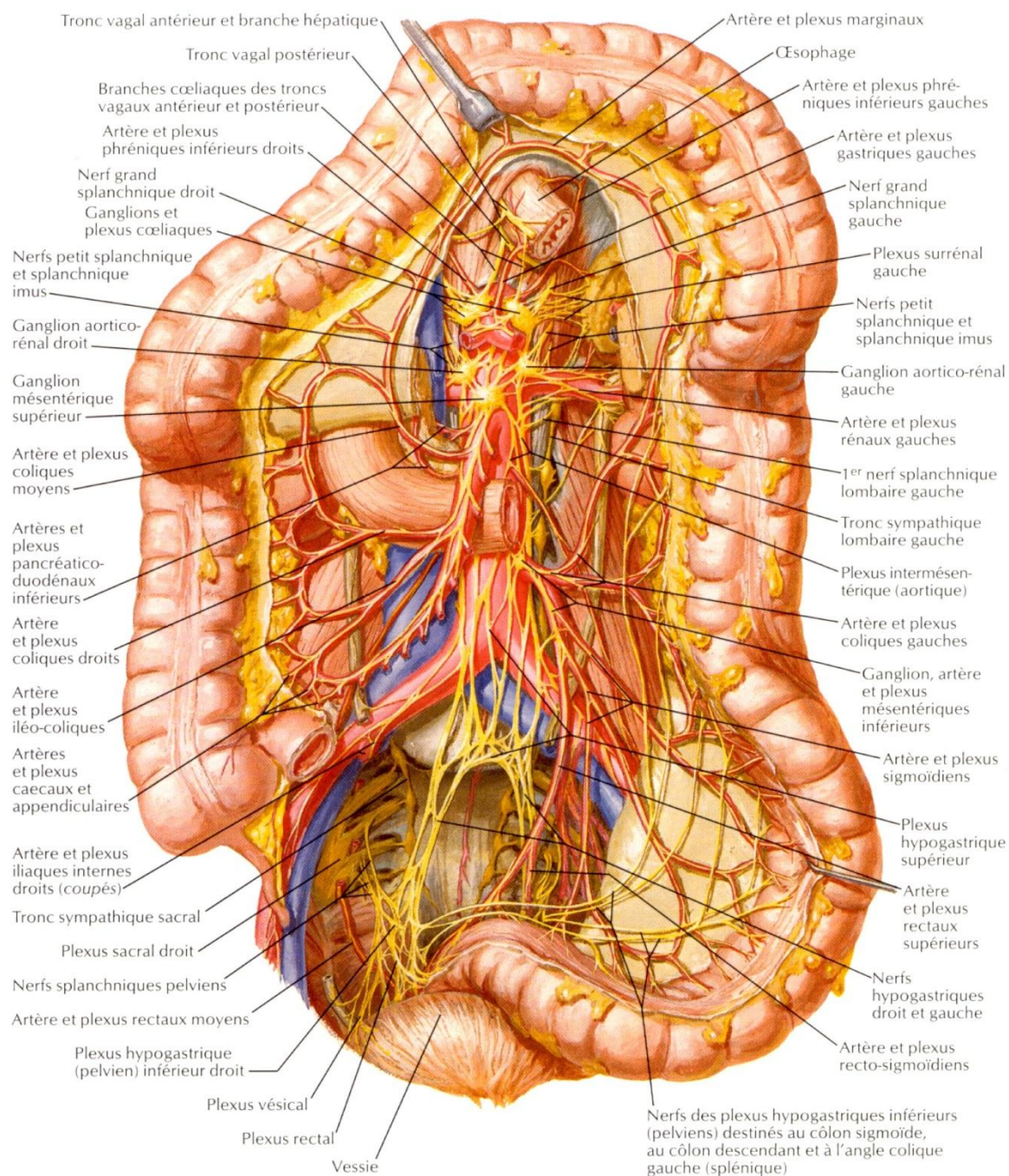




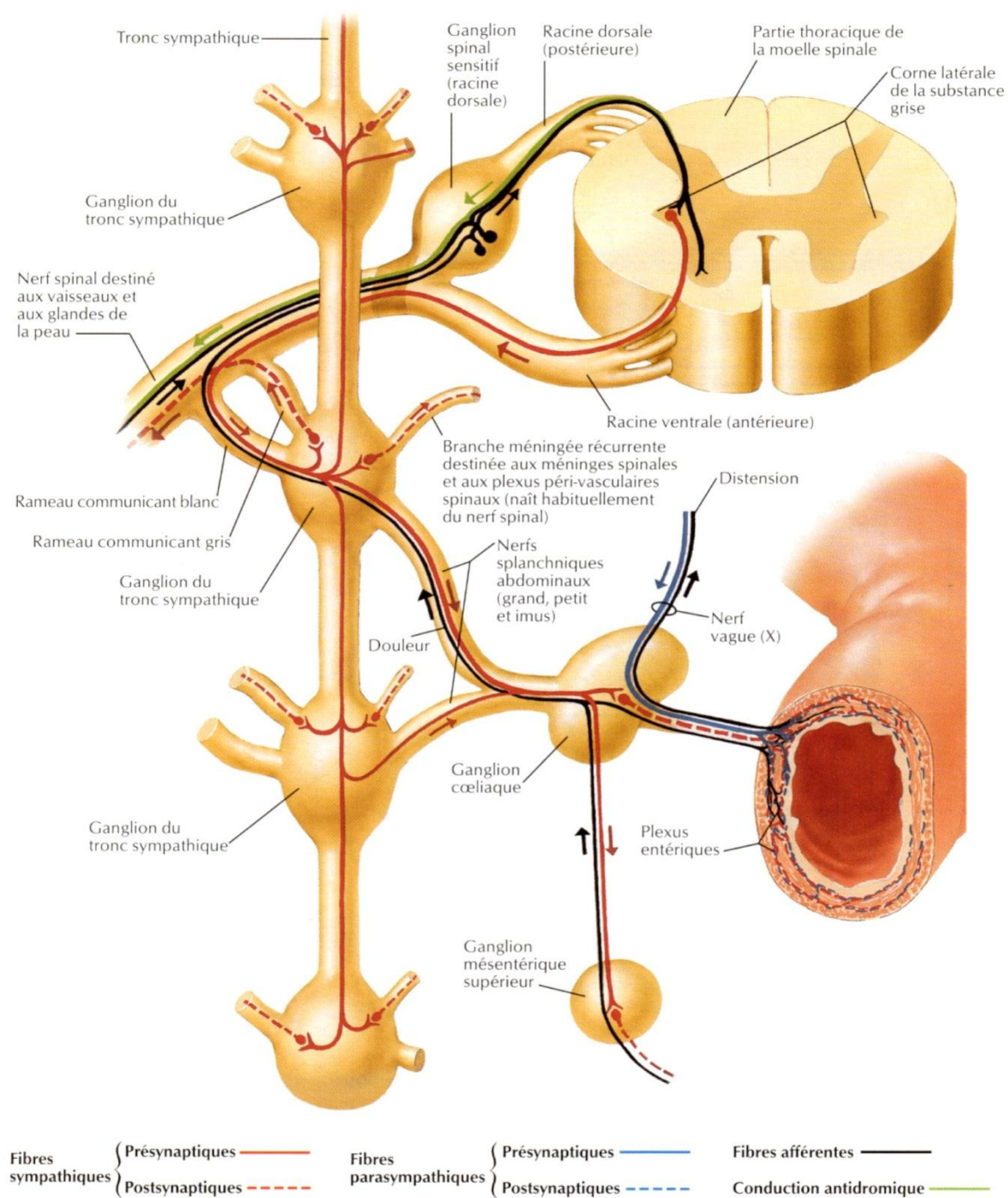


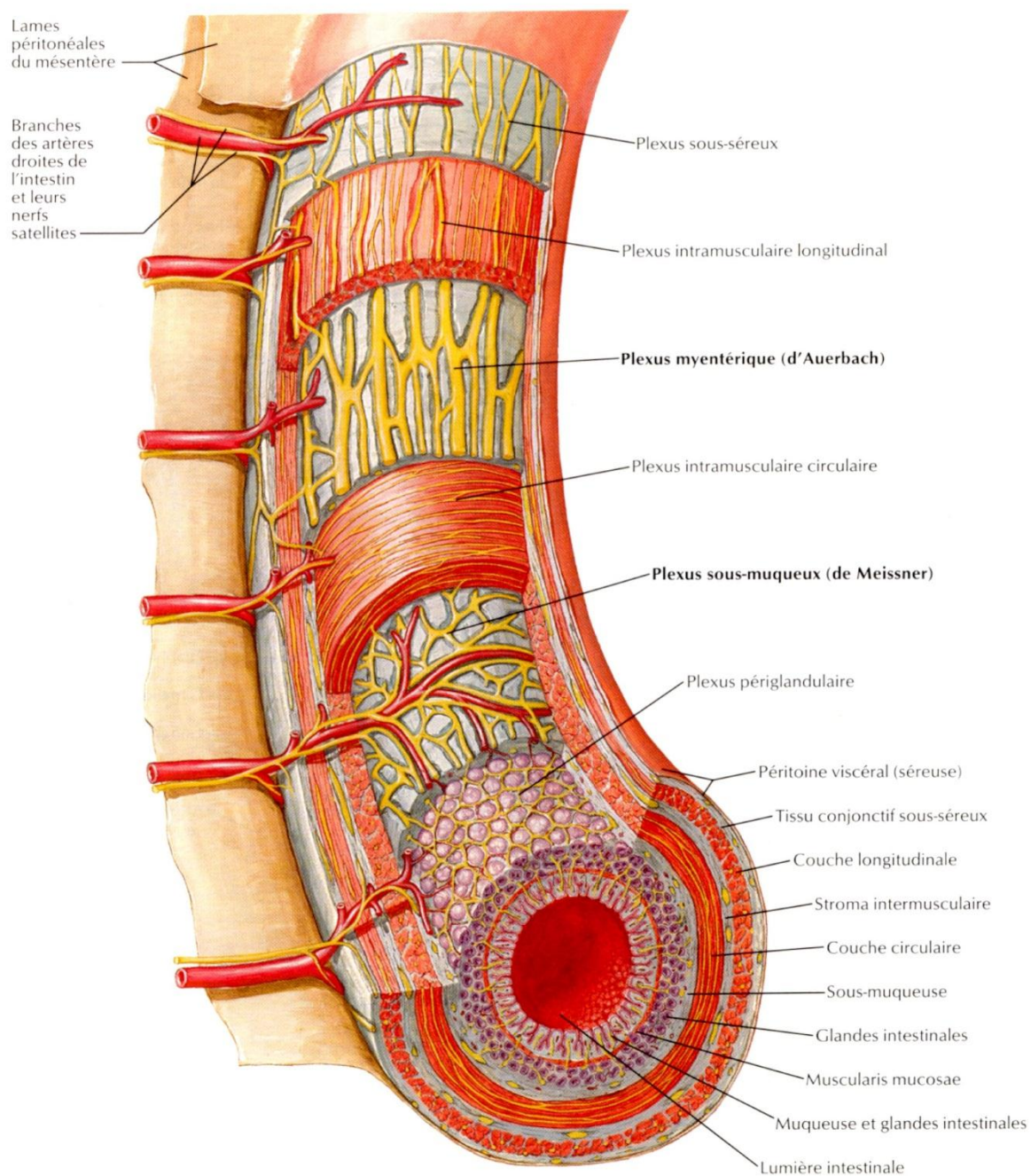






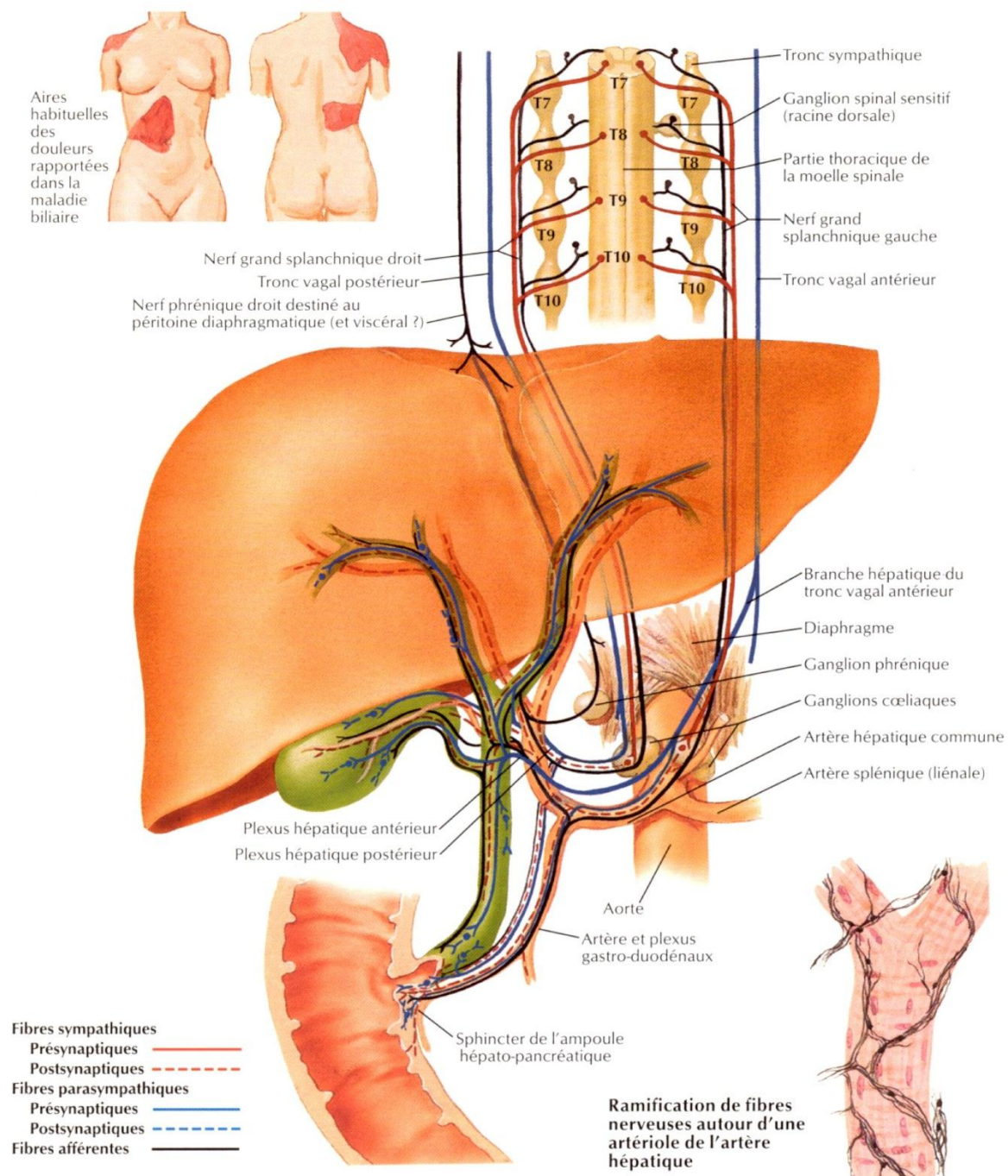


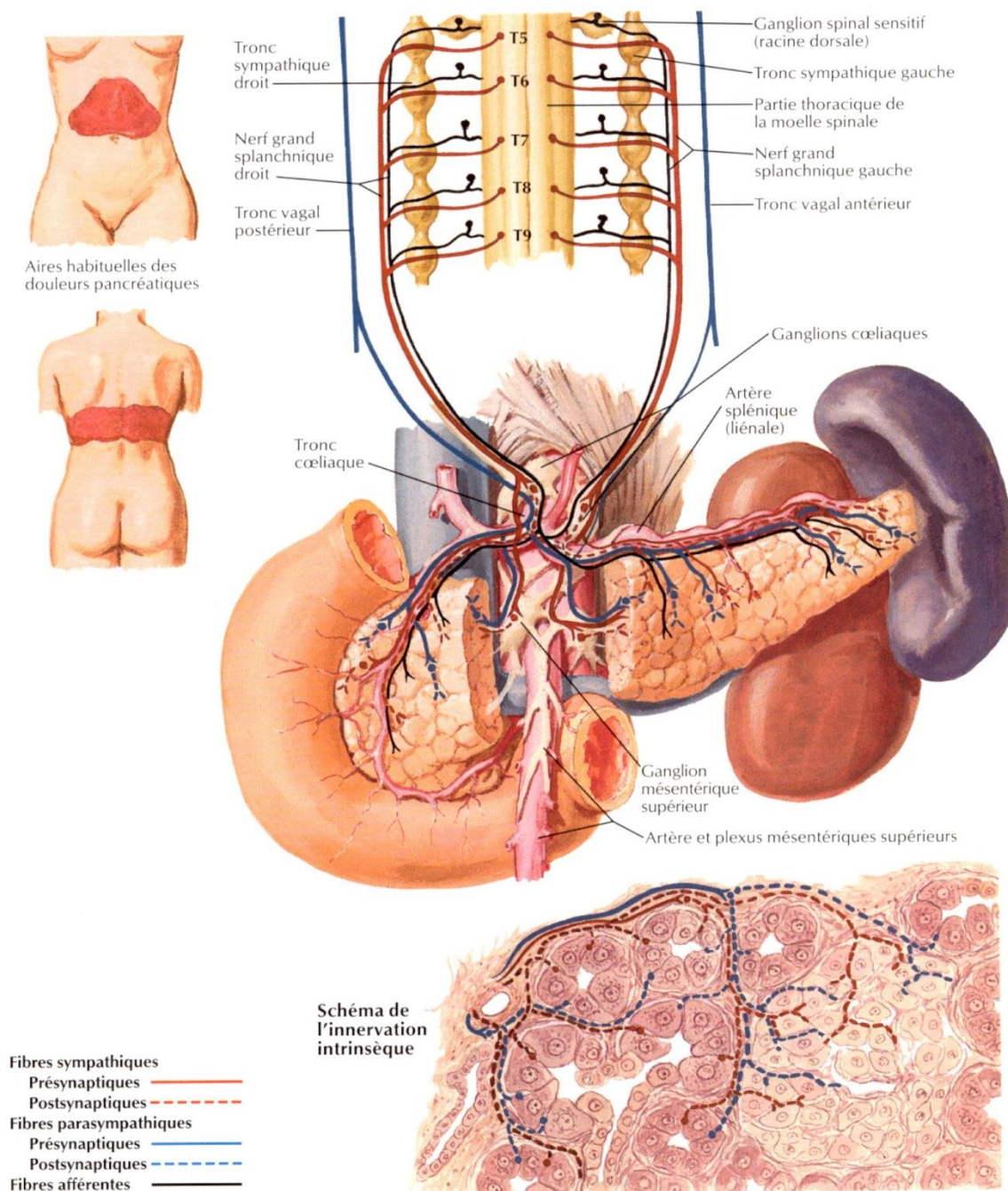




Note : la paroi intestinale est montrée beaucoup plus épaisse que dans la réalité

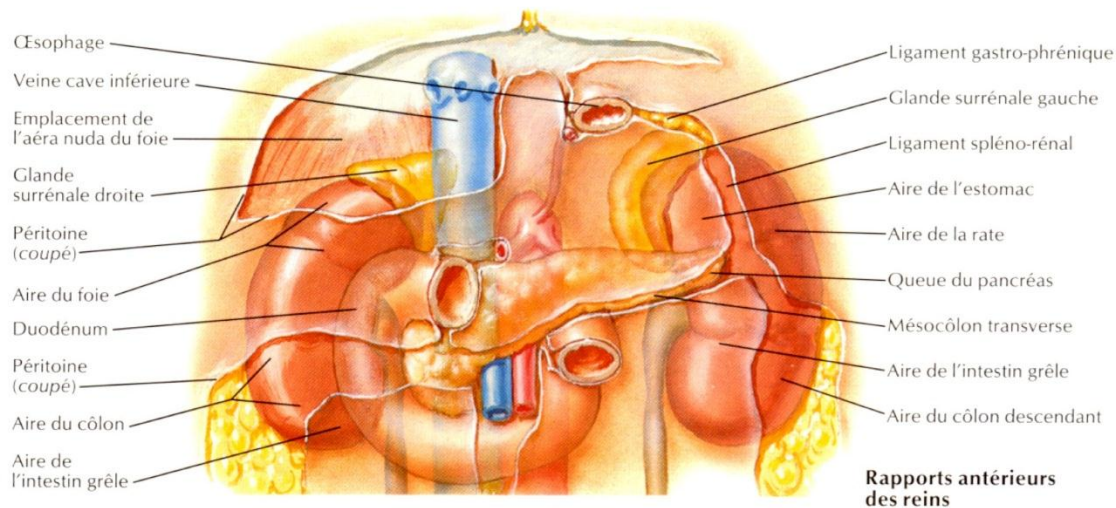
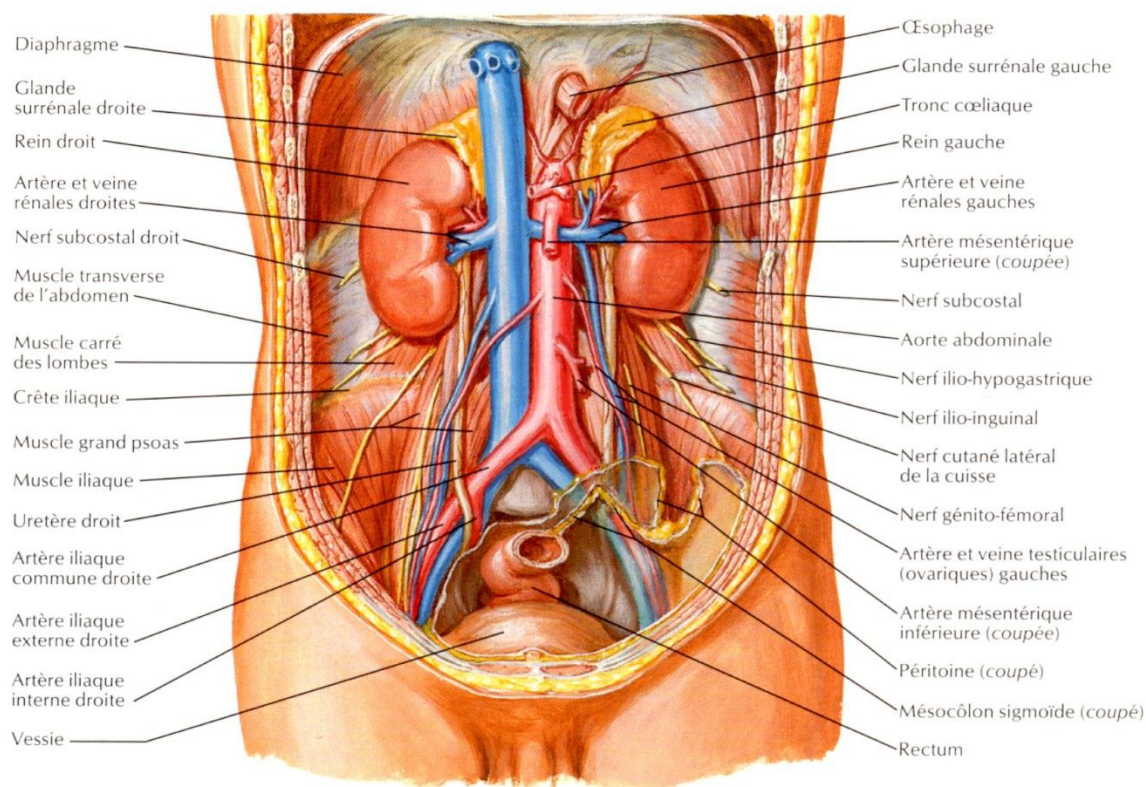


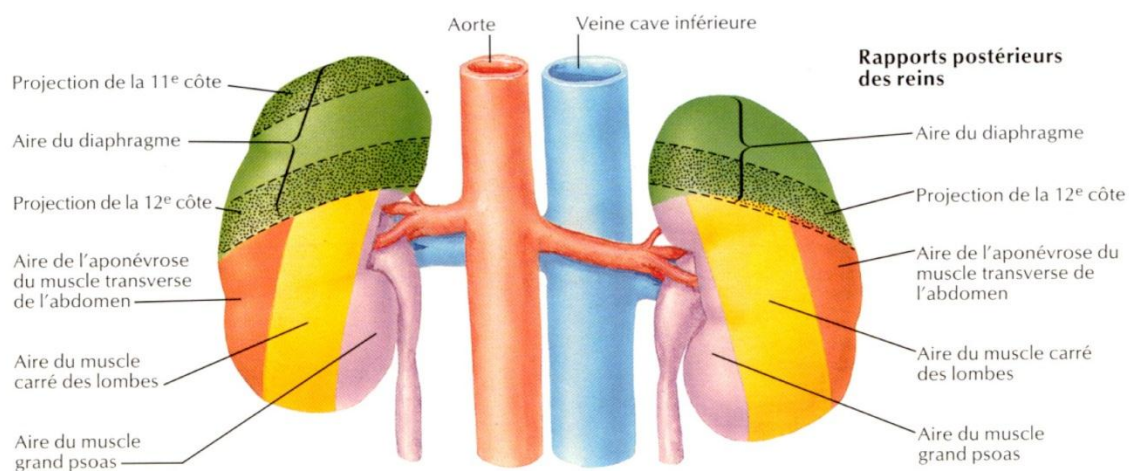
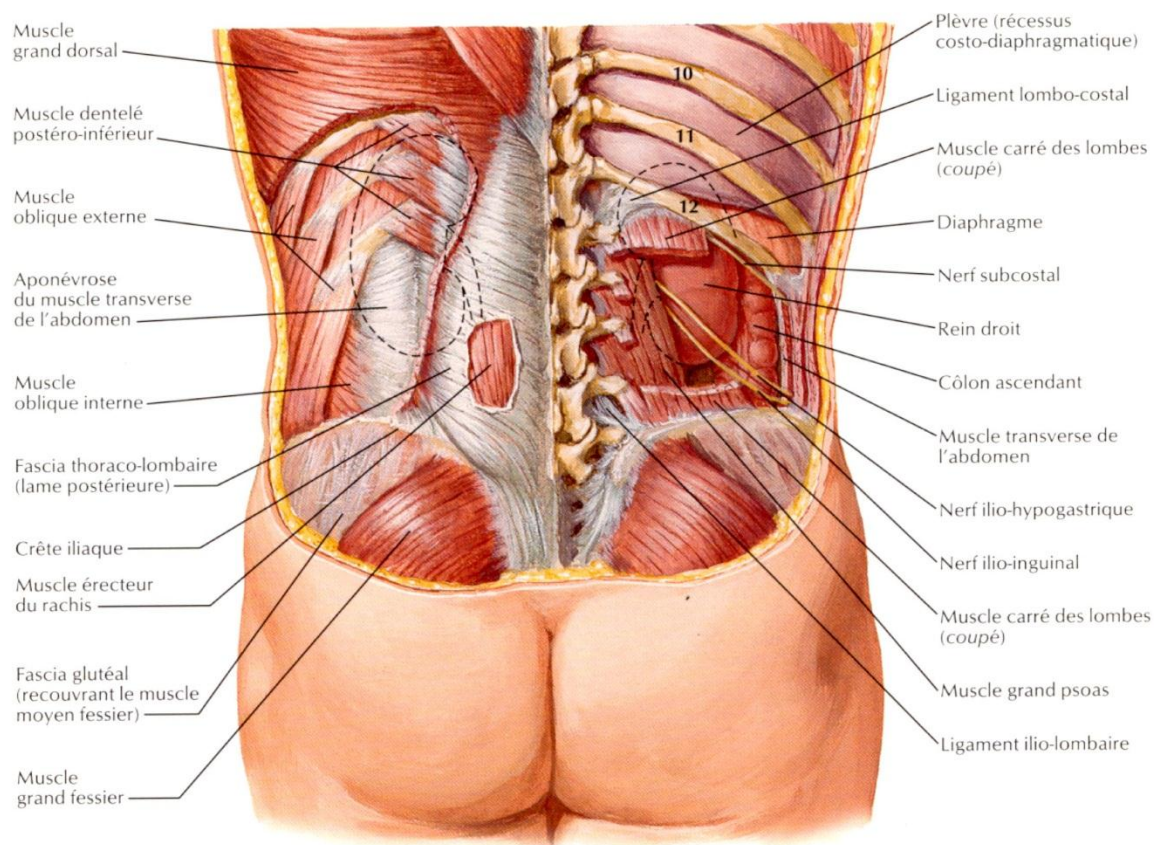




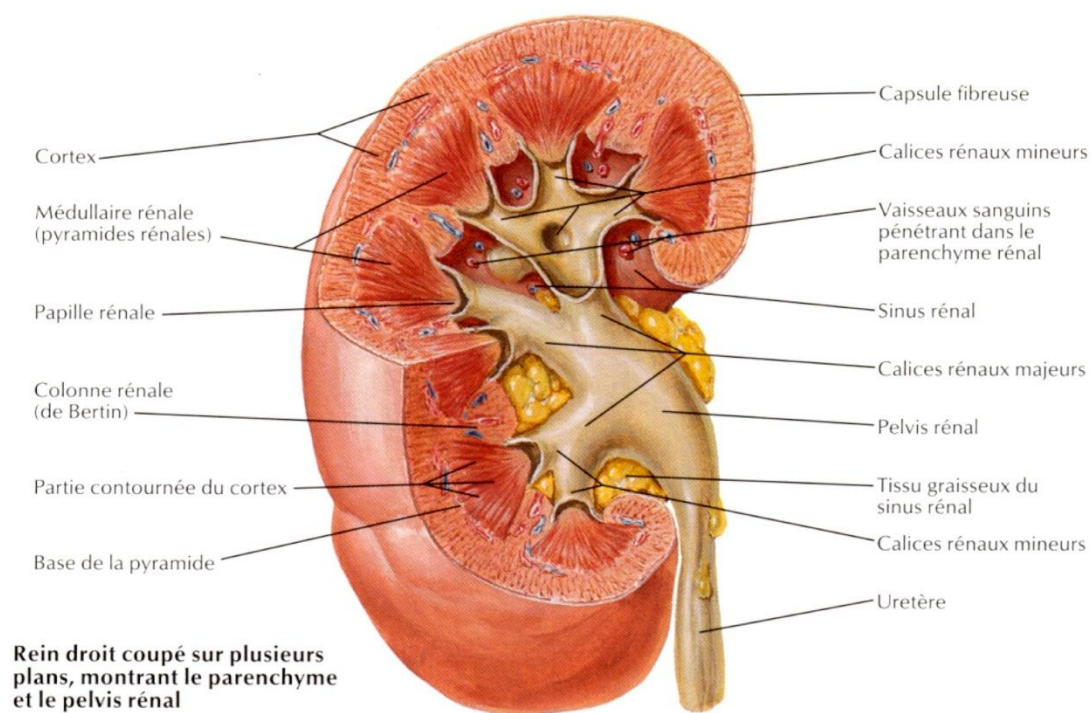
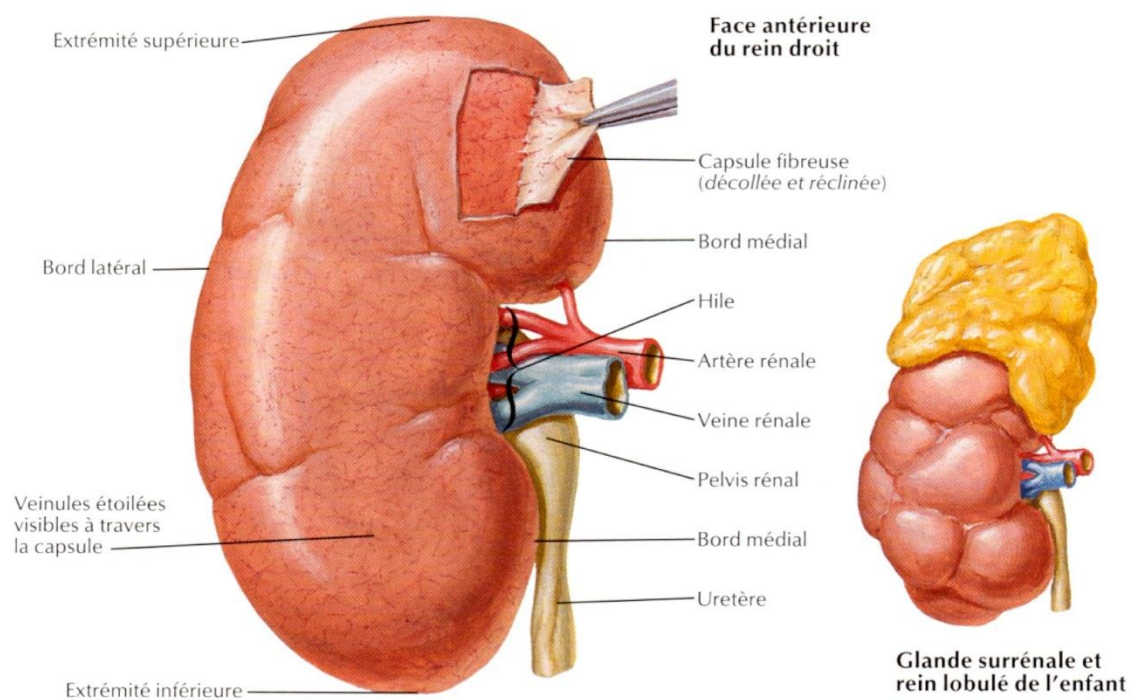


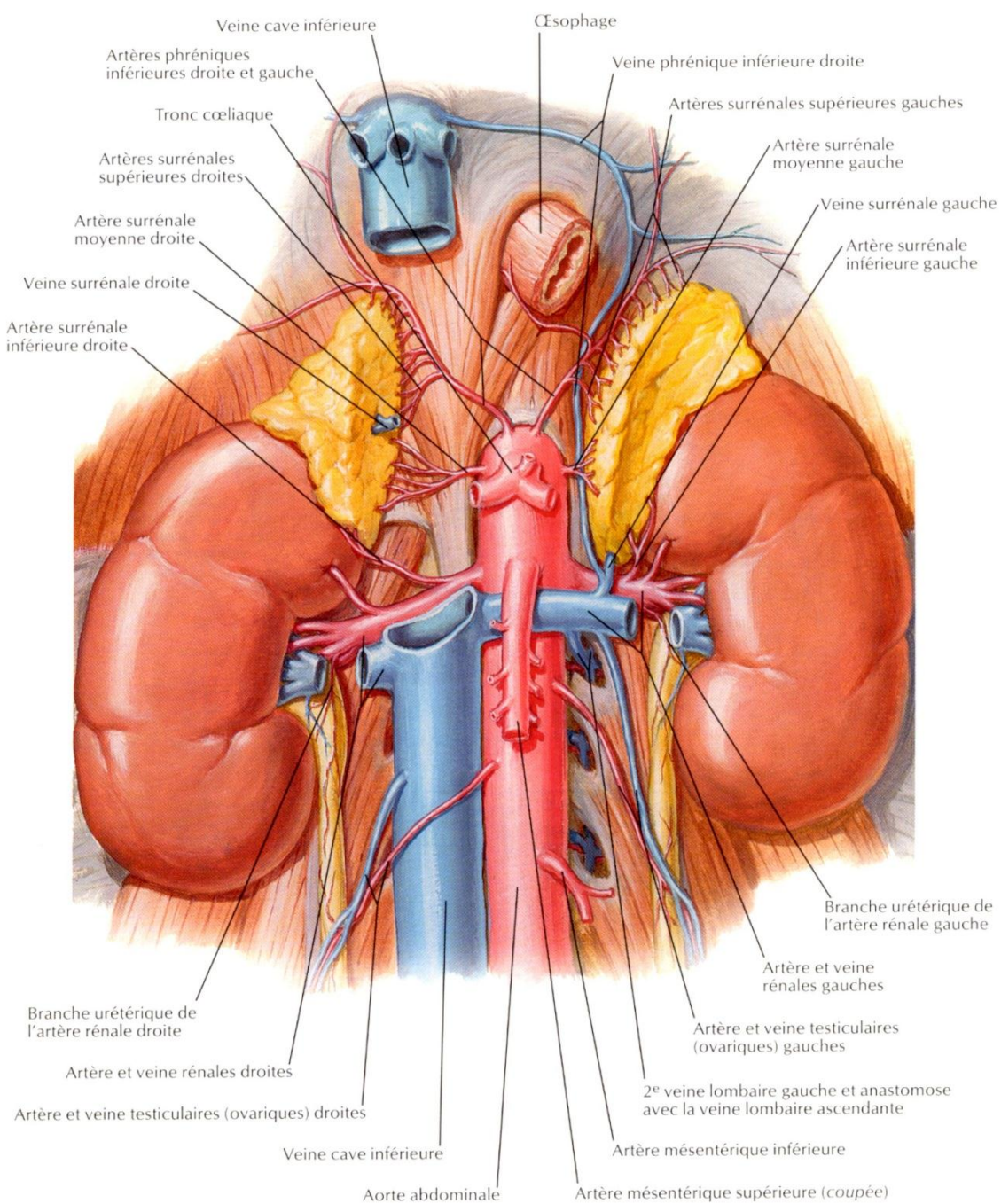
## g. Reins et glandes surrénales



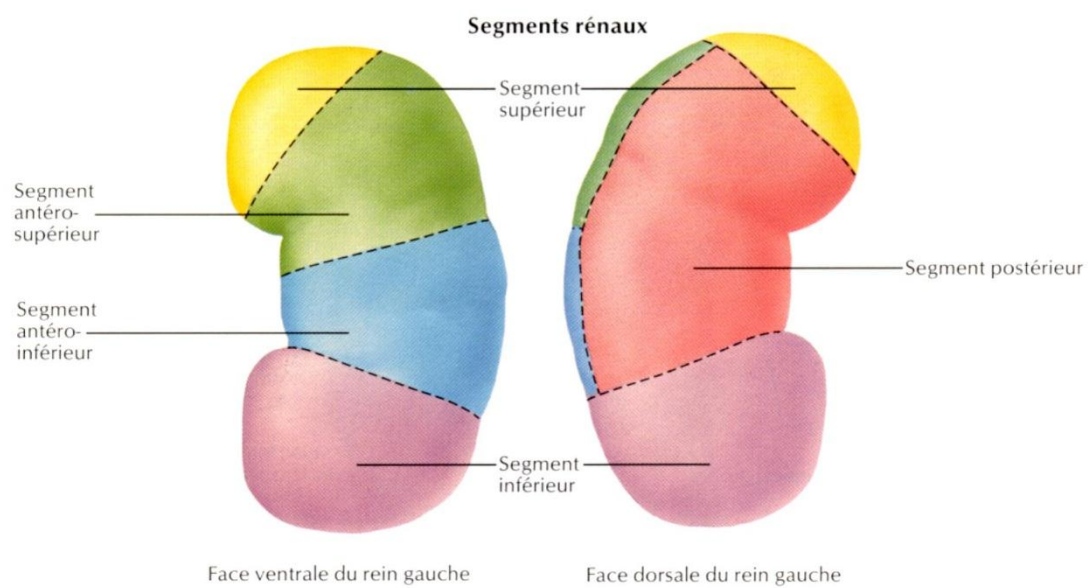
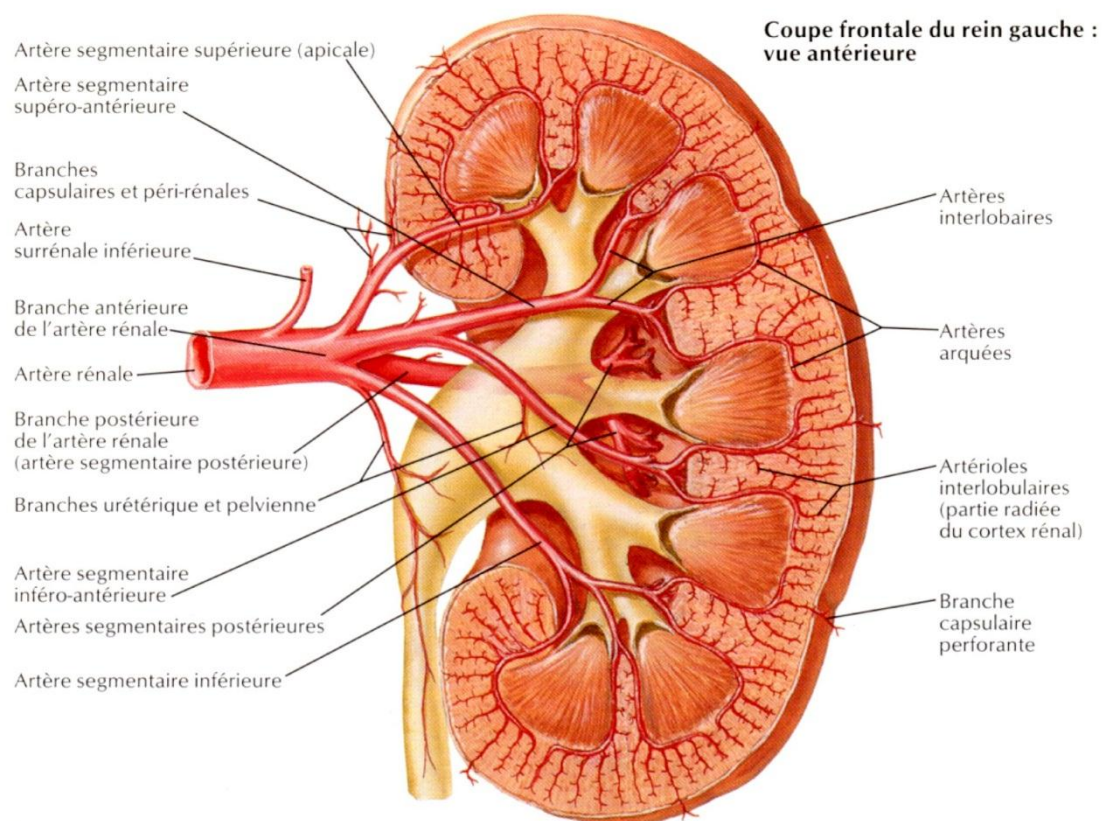


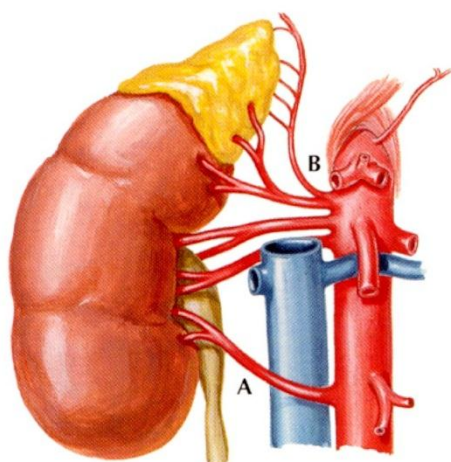






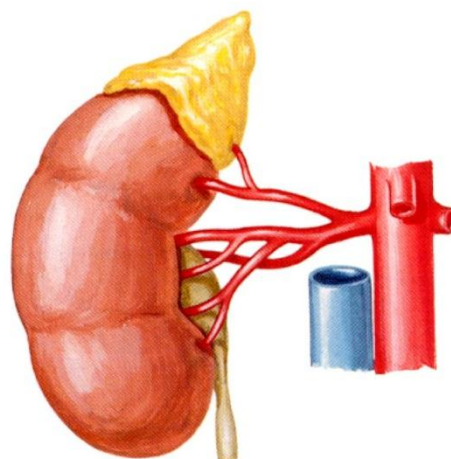




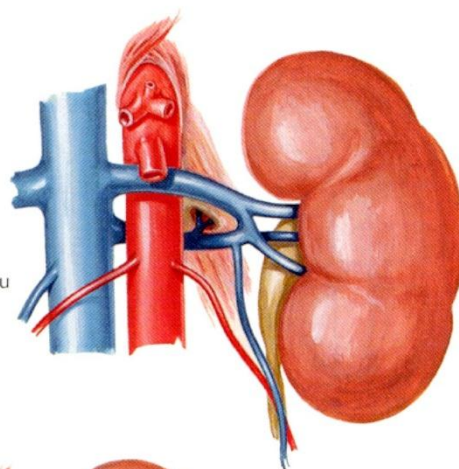


**A** Une artère rénale accessoire basse peut passer devant ou derrière la veine cave inférieure

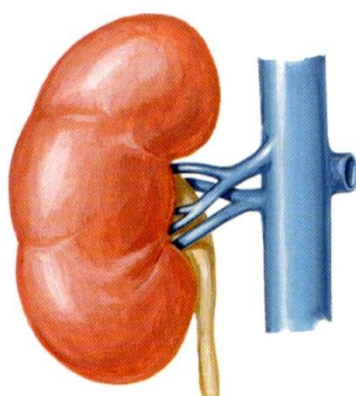
**B** L'artère phrénique inférieure et les artères surrénales supérieures peuvent naître avant l'artère rénale (artère surrénale moyenne absente)



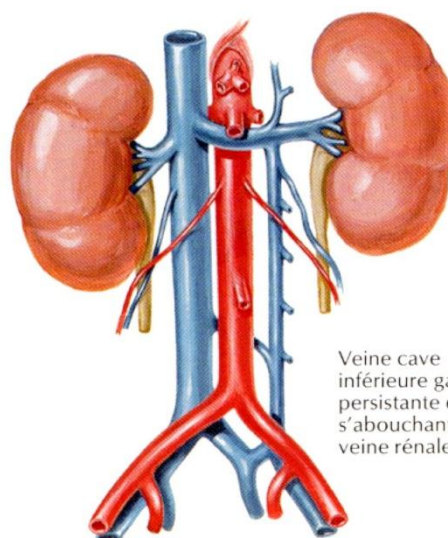
Division proximale de l'artère rénale



Veine rénale gauche double formant un anneau autour de l'aorte abdominale

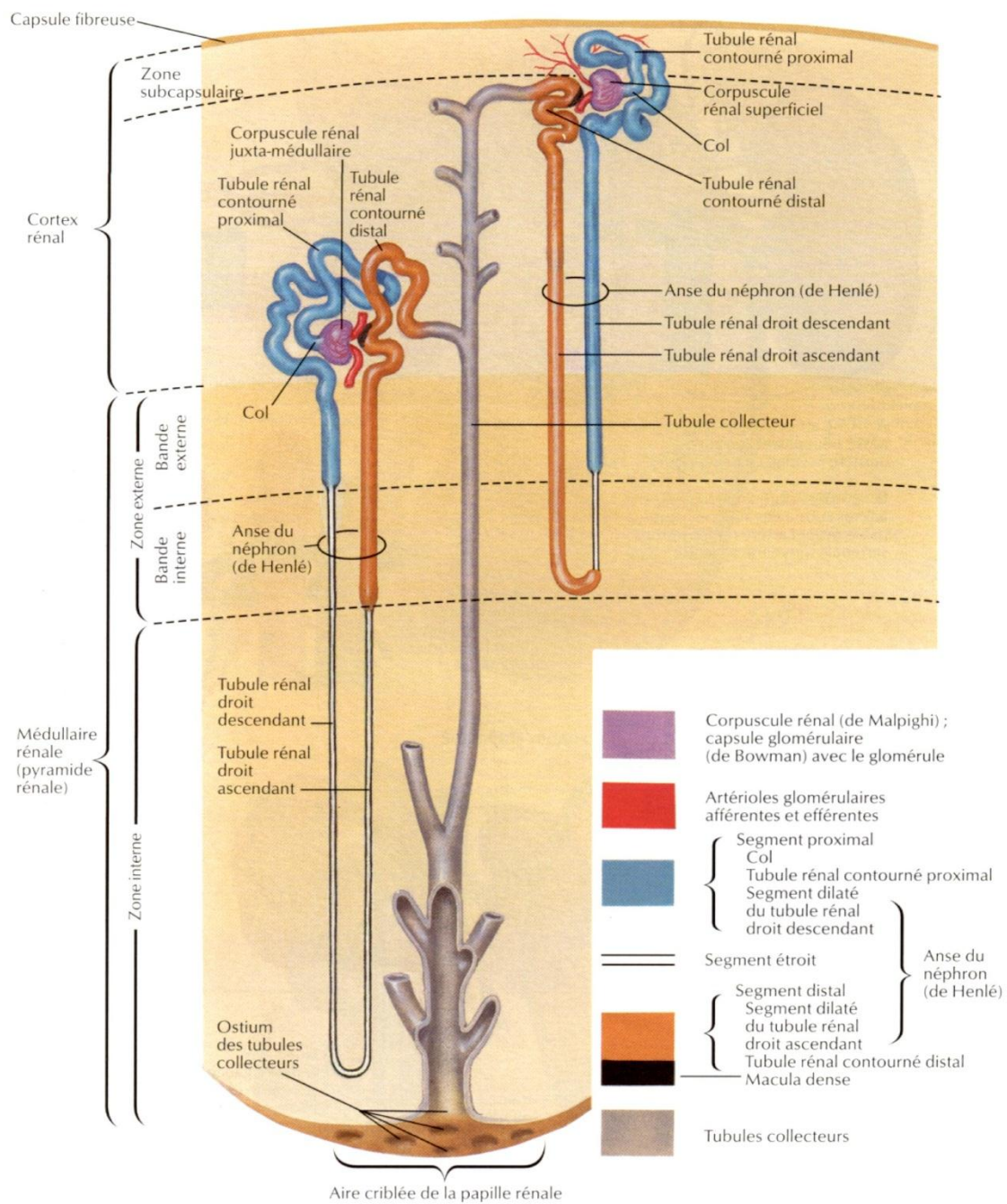


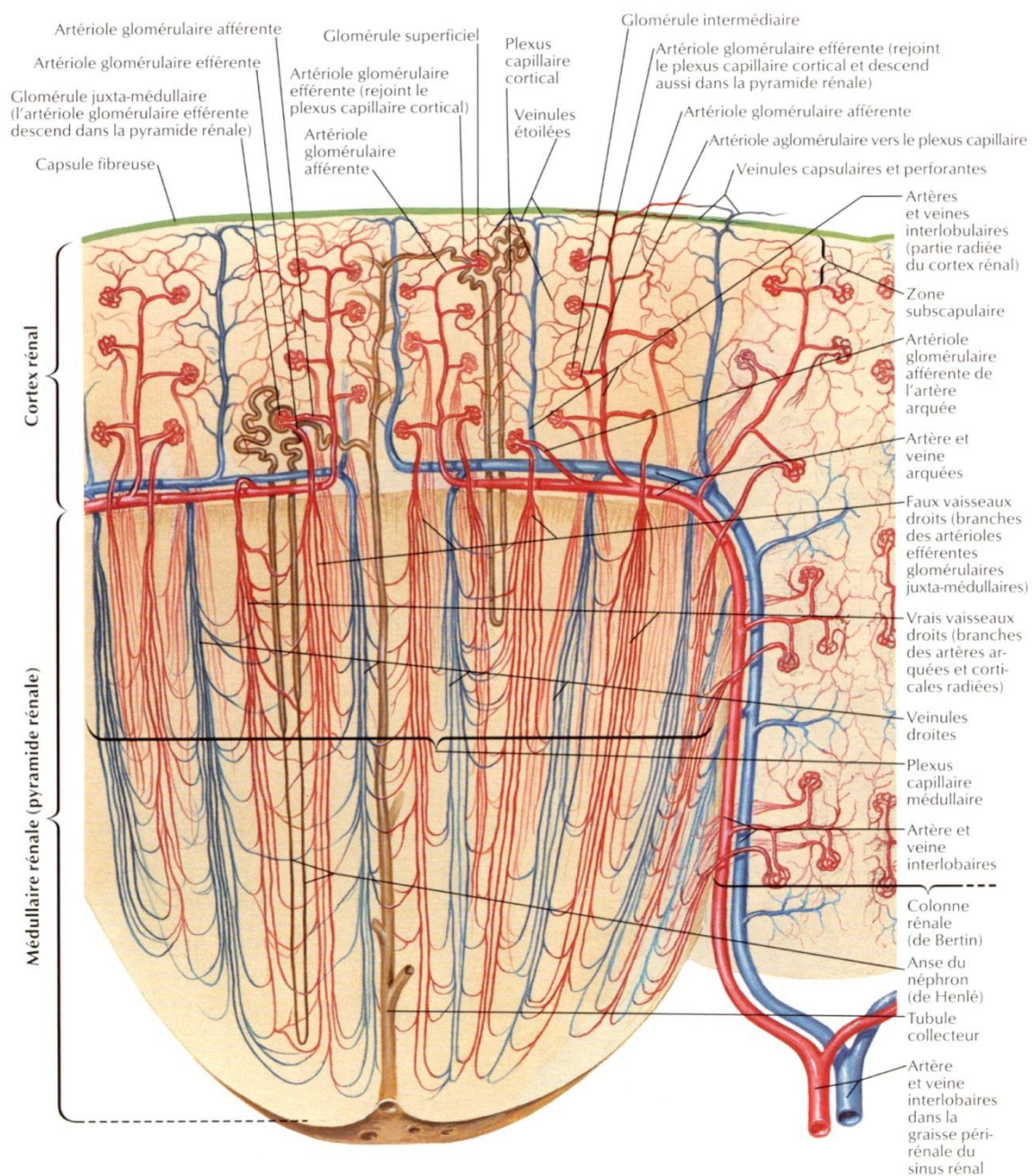
Veines rénales surnuméraires



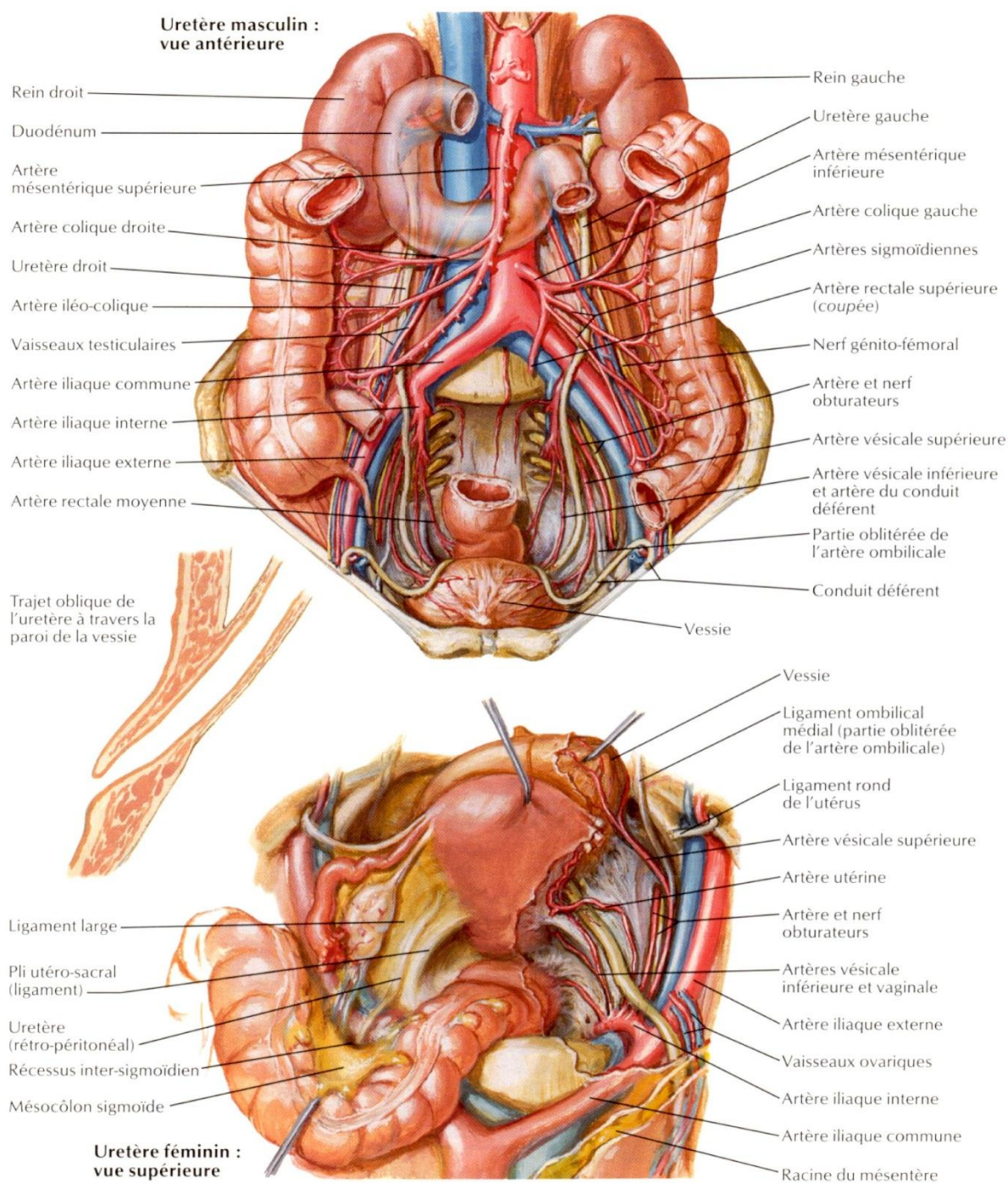
Veine cave inférieure gauche persistante et s'abouchant dans la veine rénale gauche

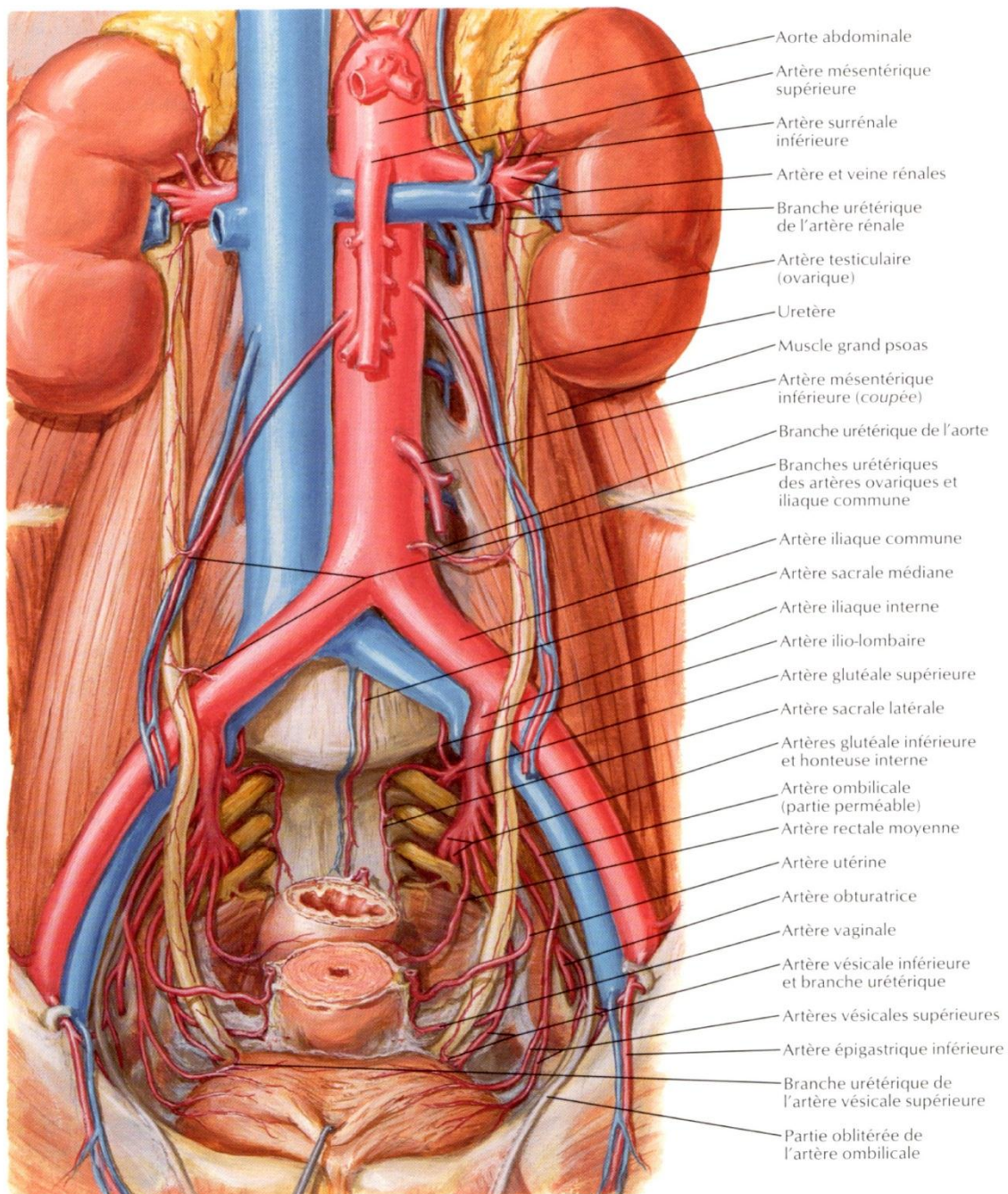




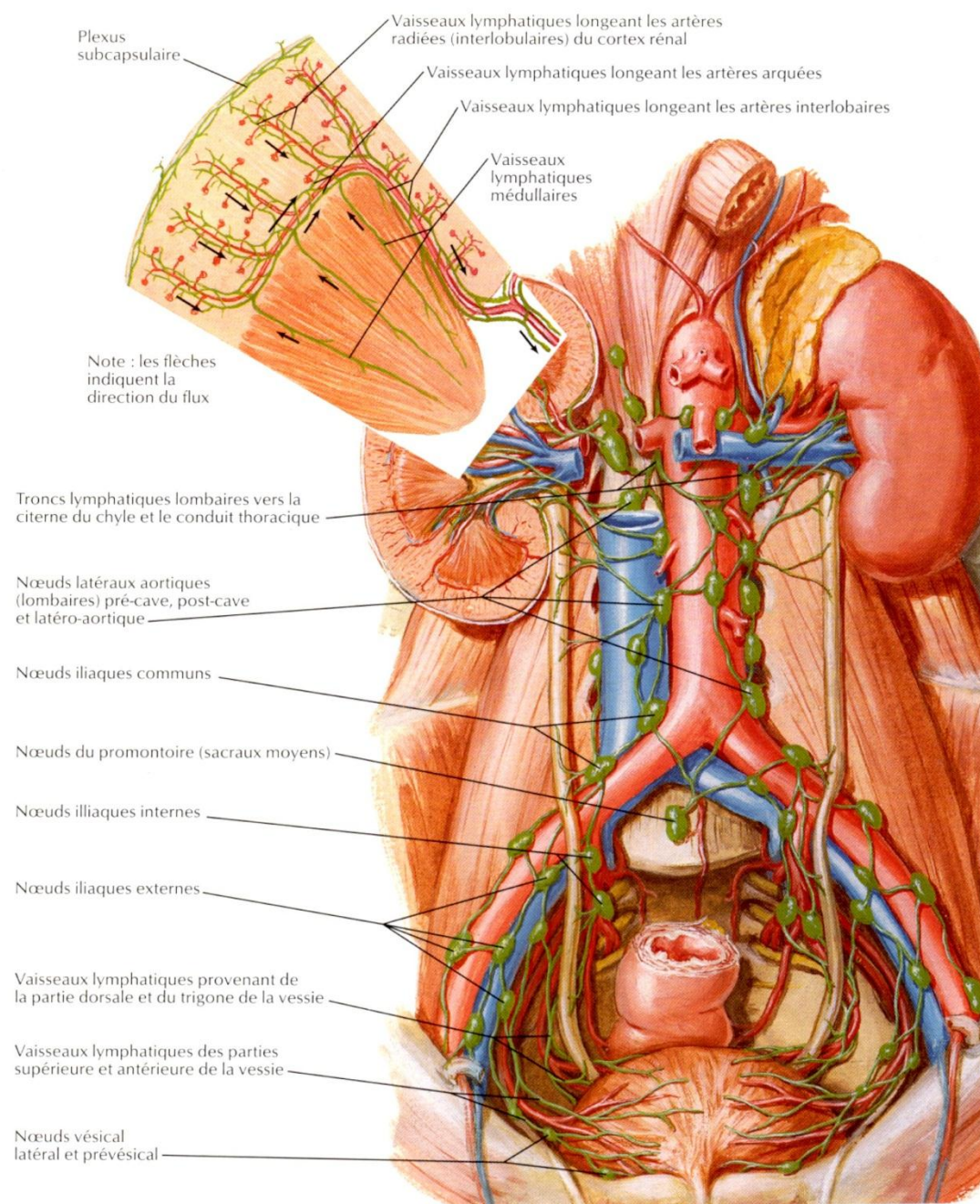


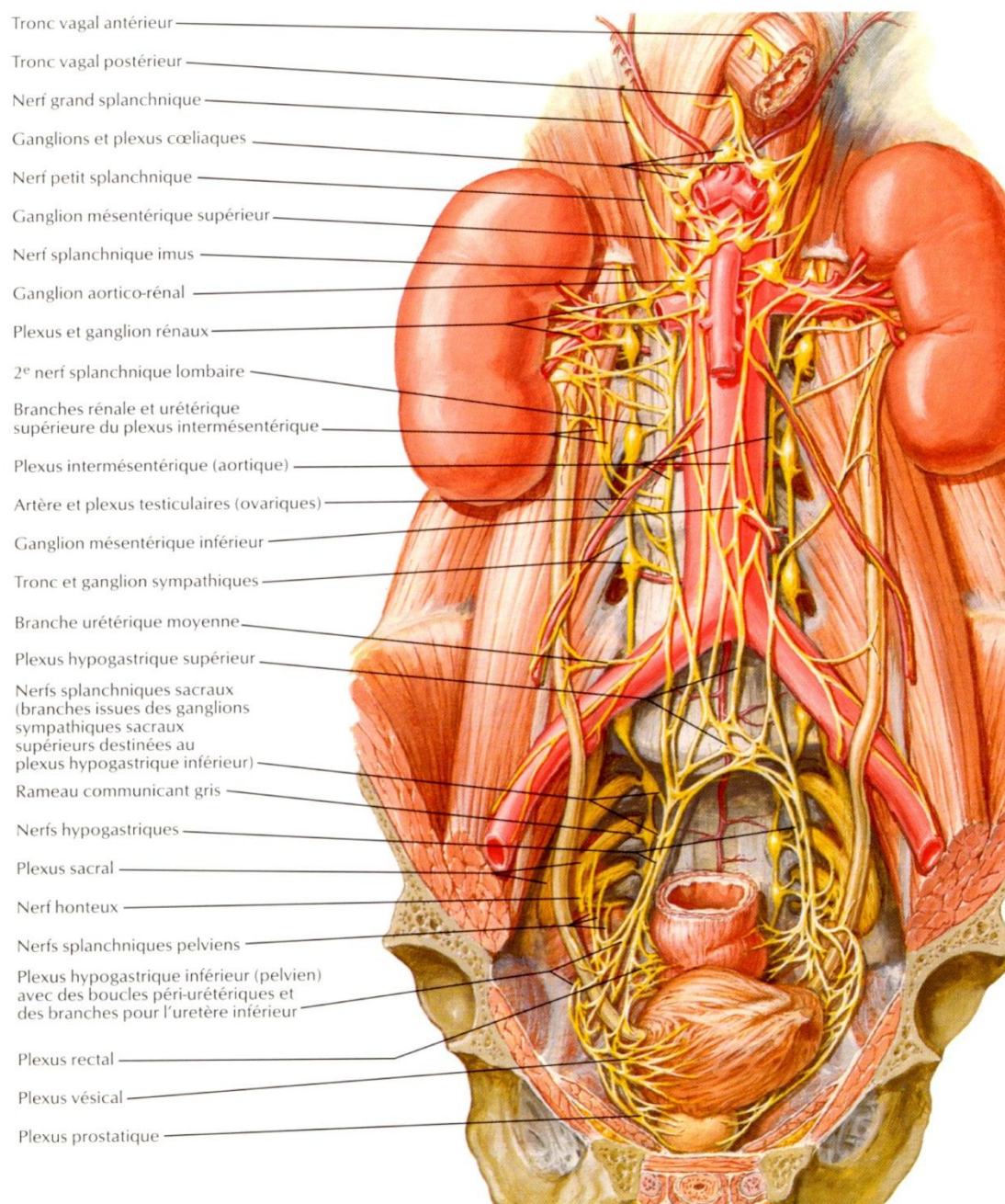




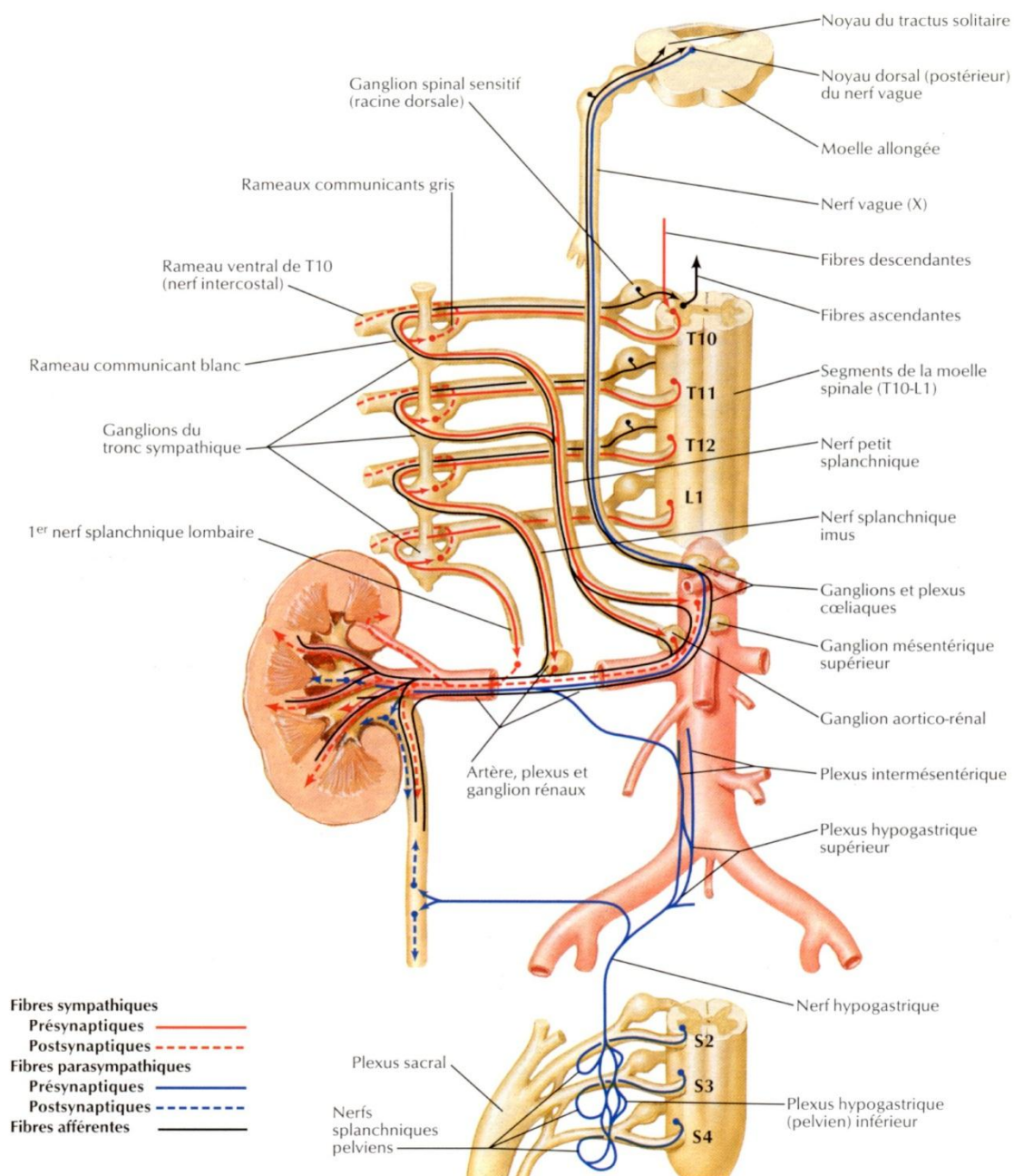


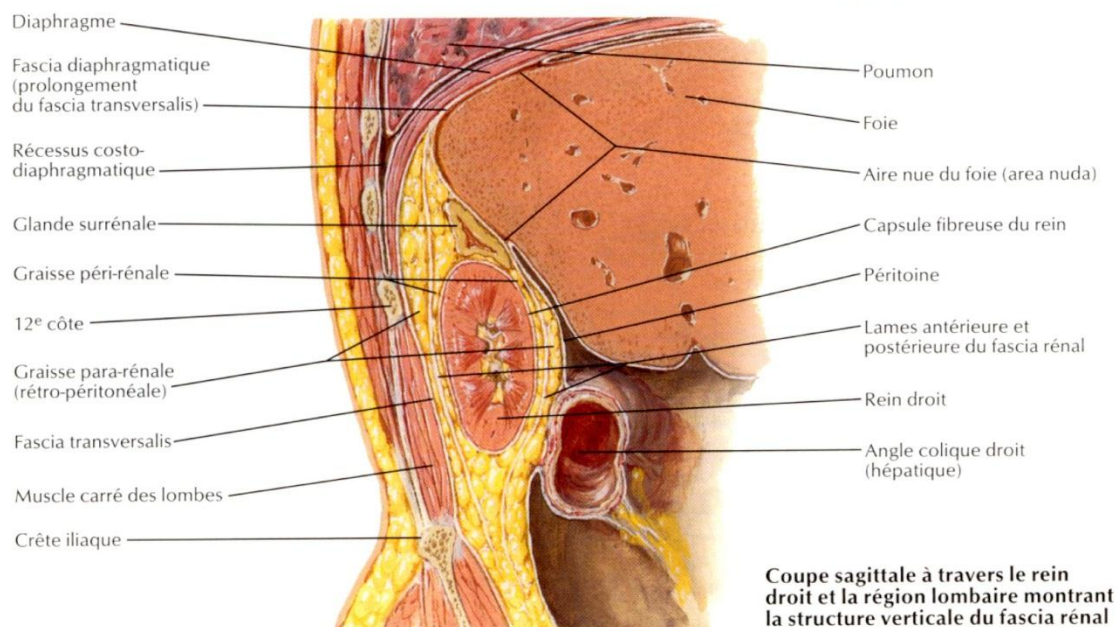
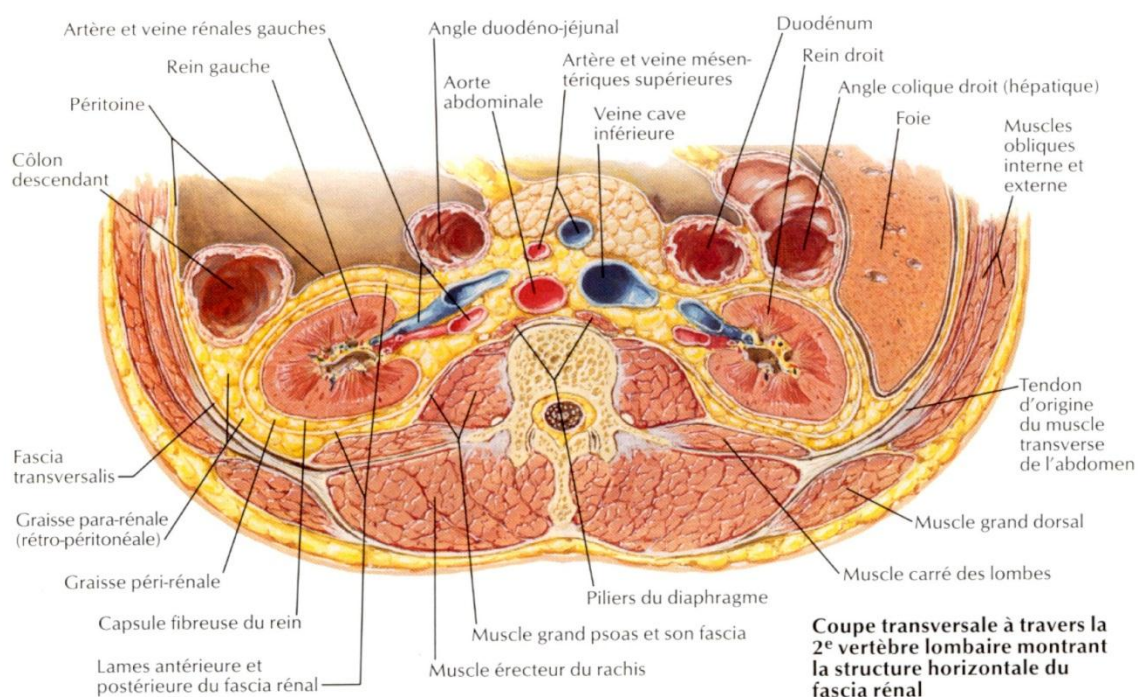




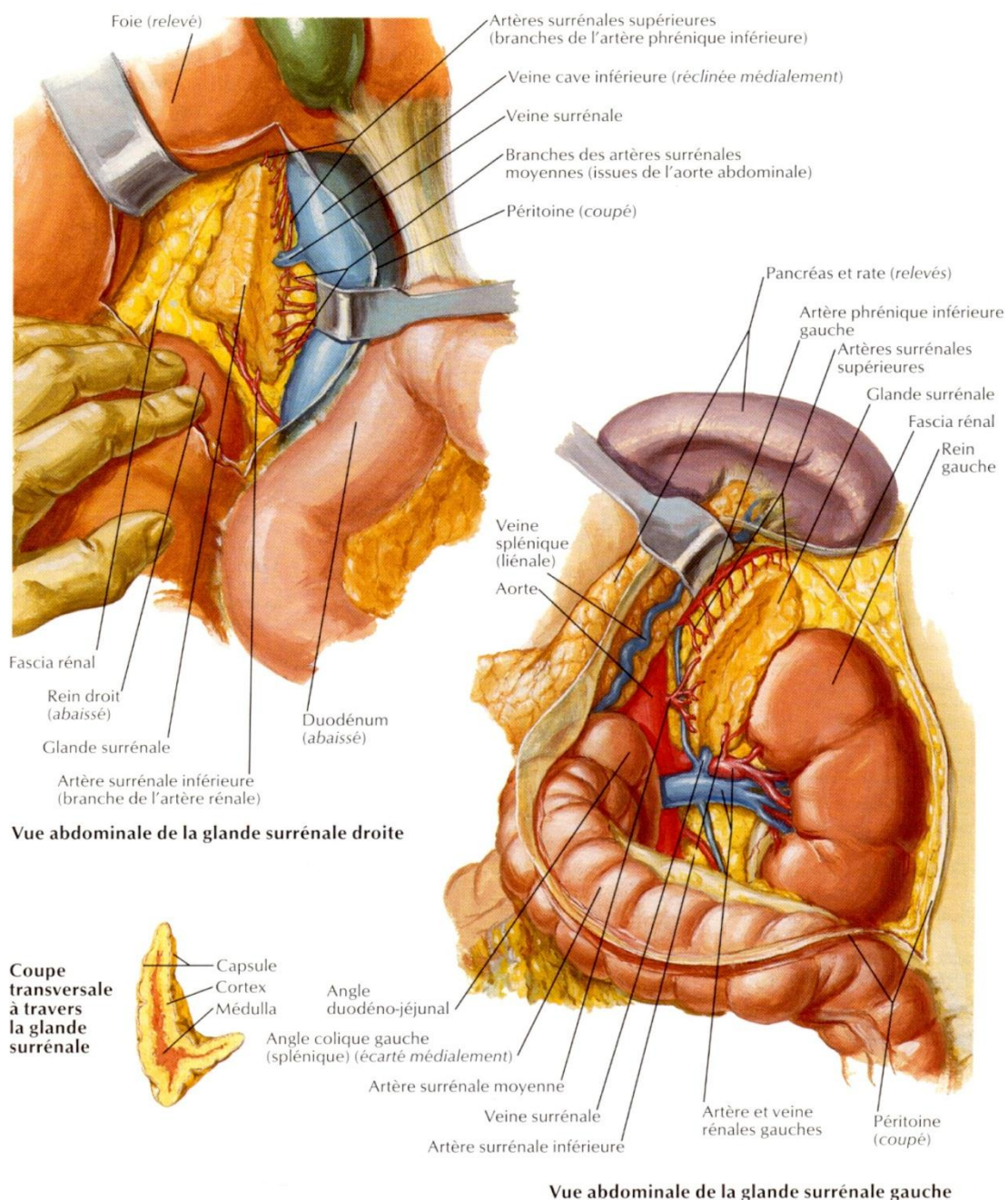


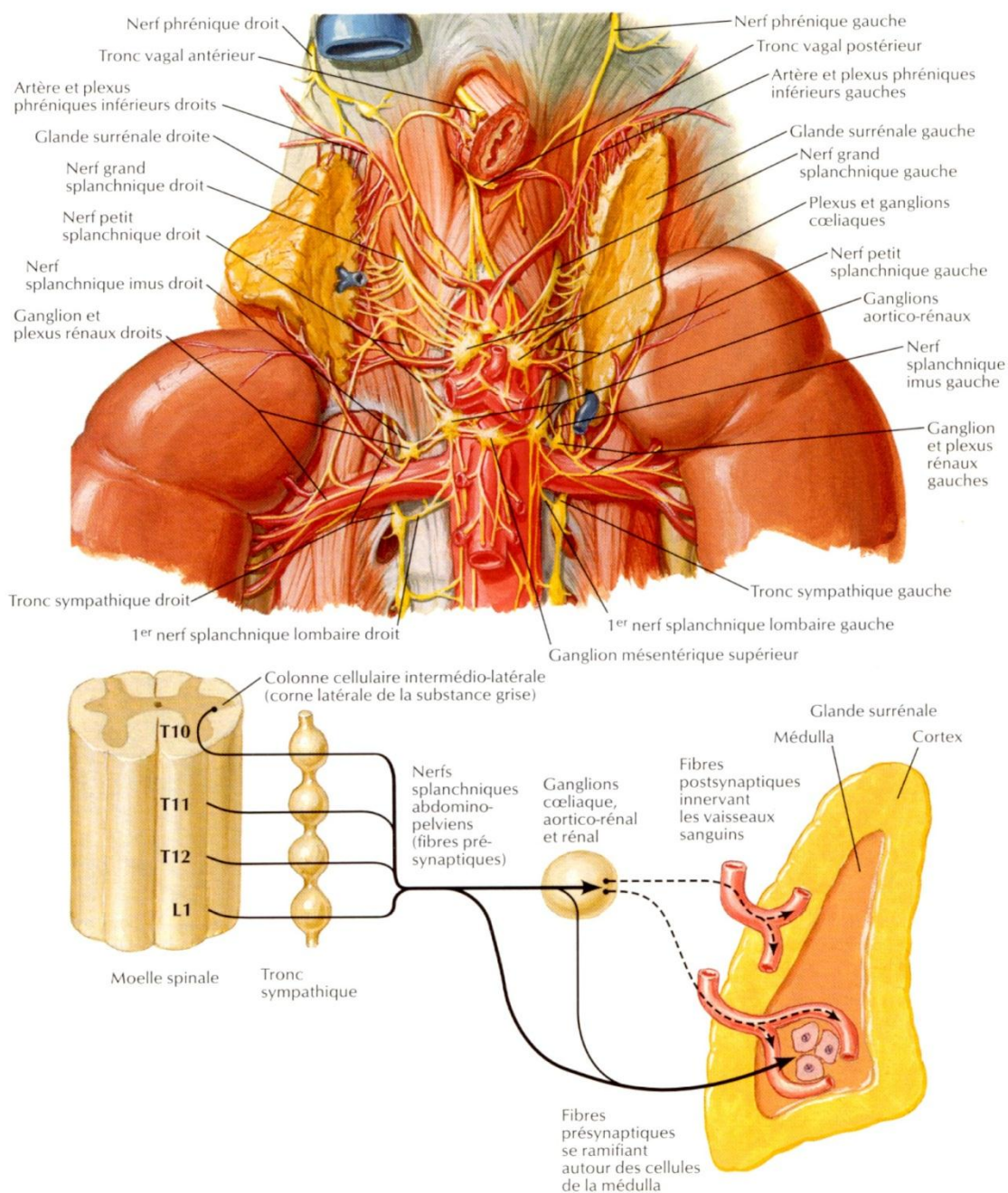




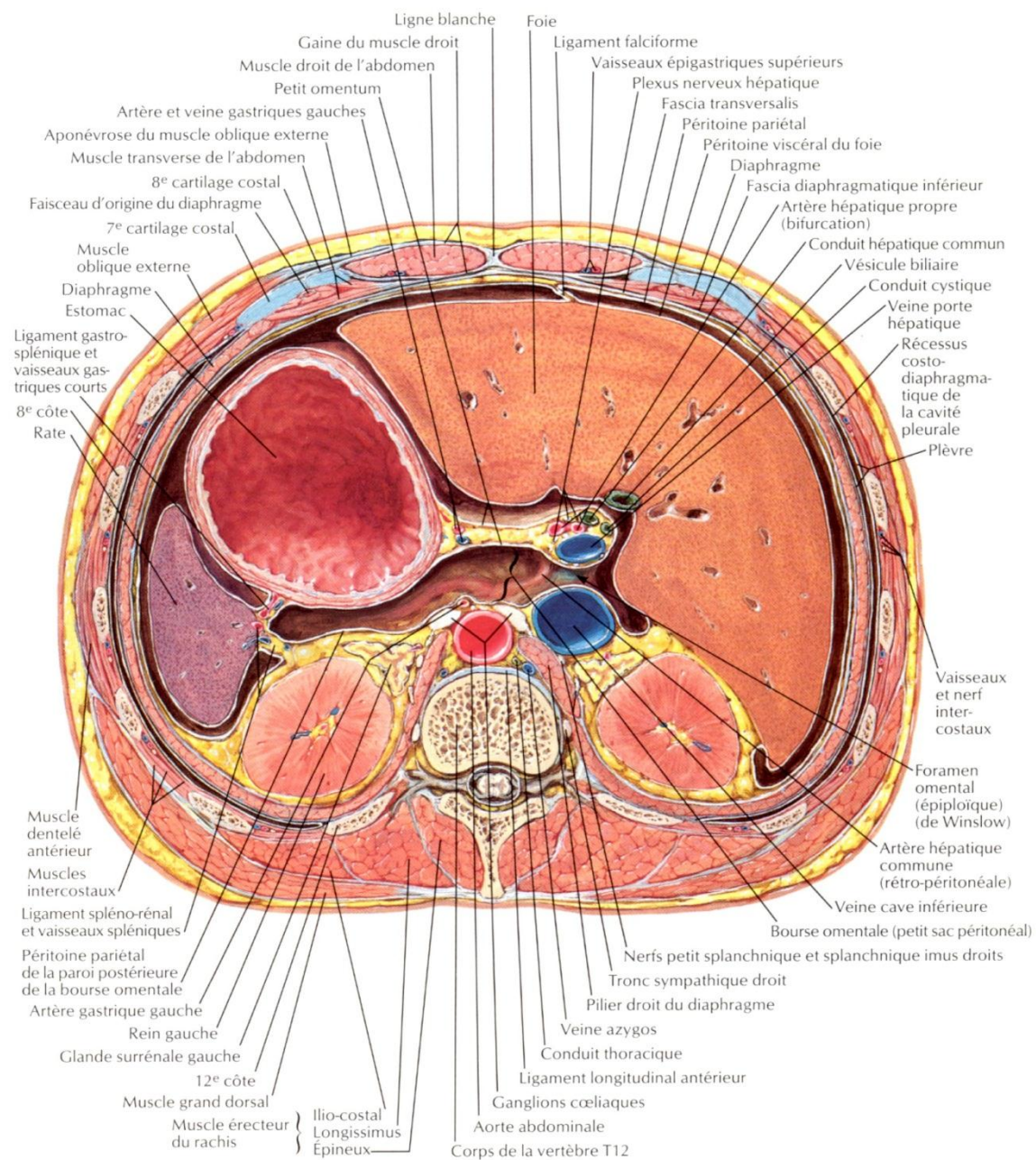


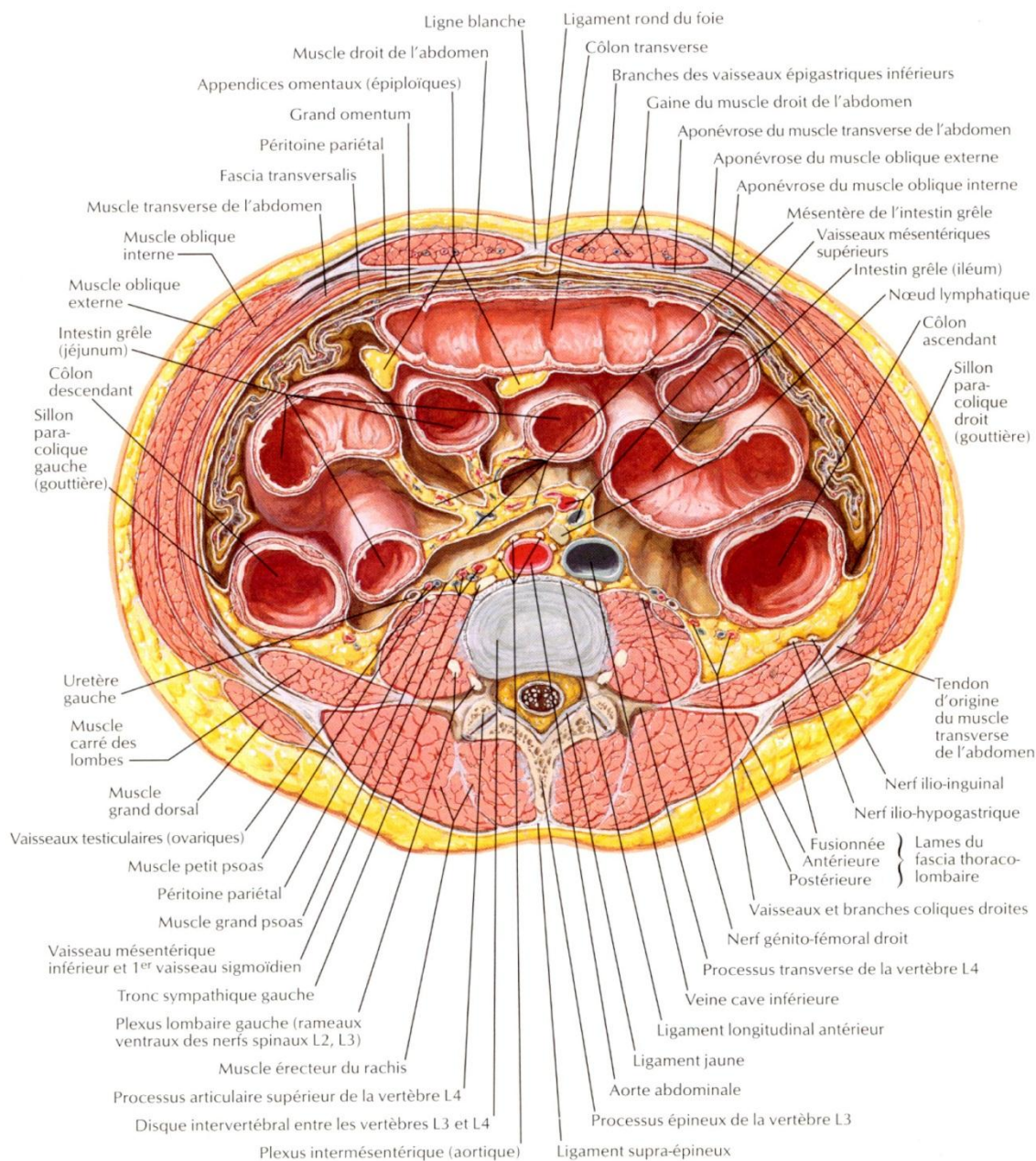




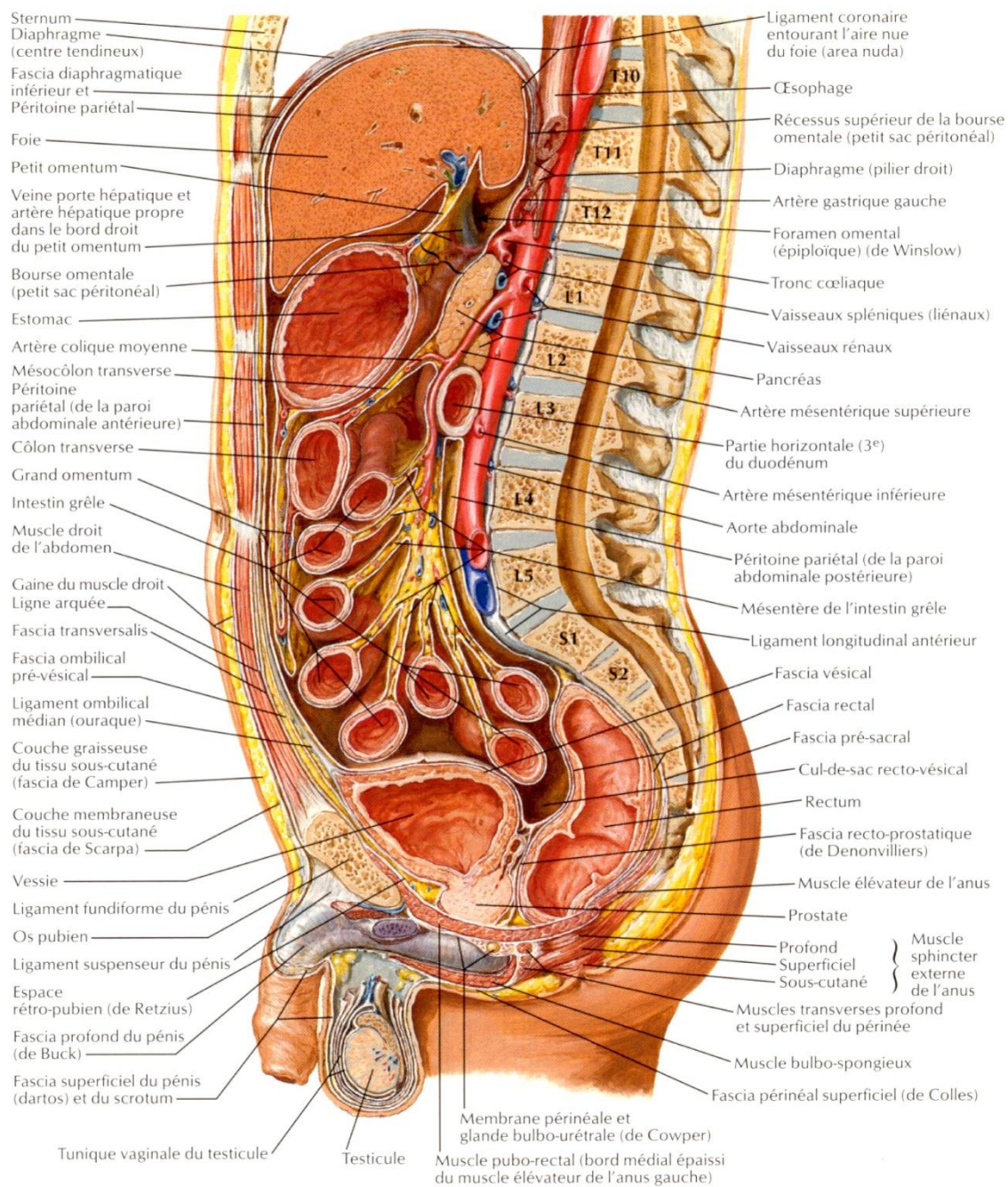










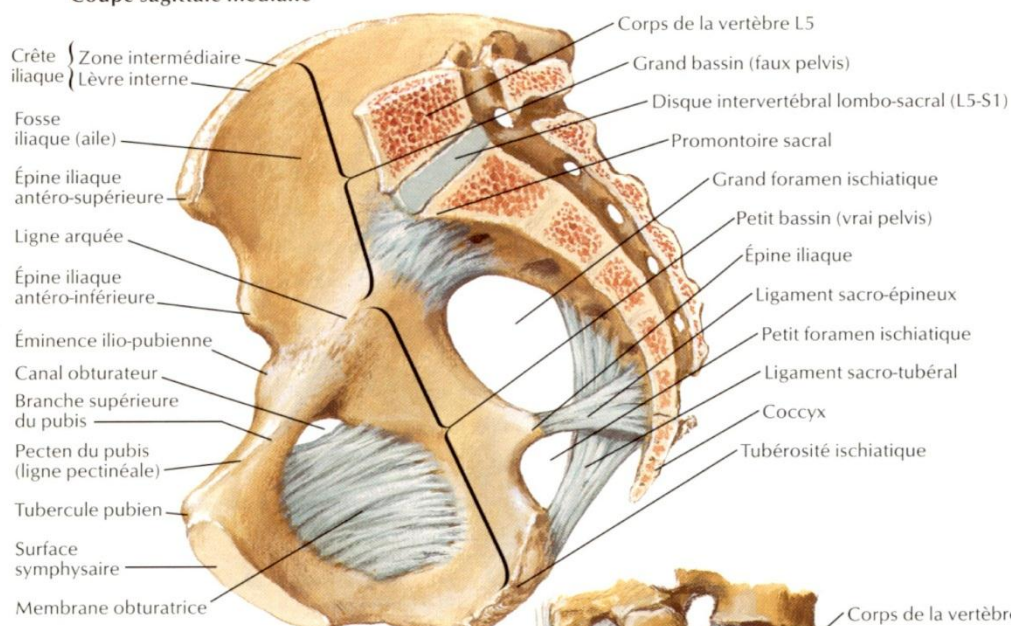


## **Section 5 – Pelvis et périnée**

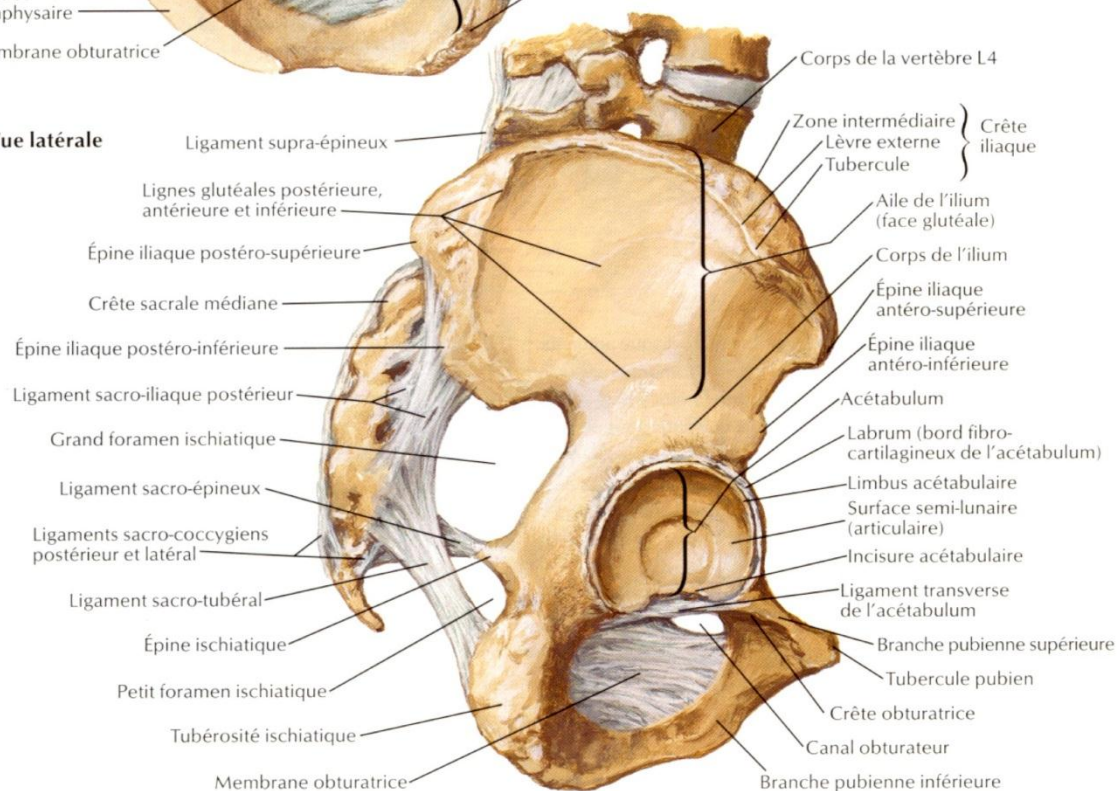


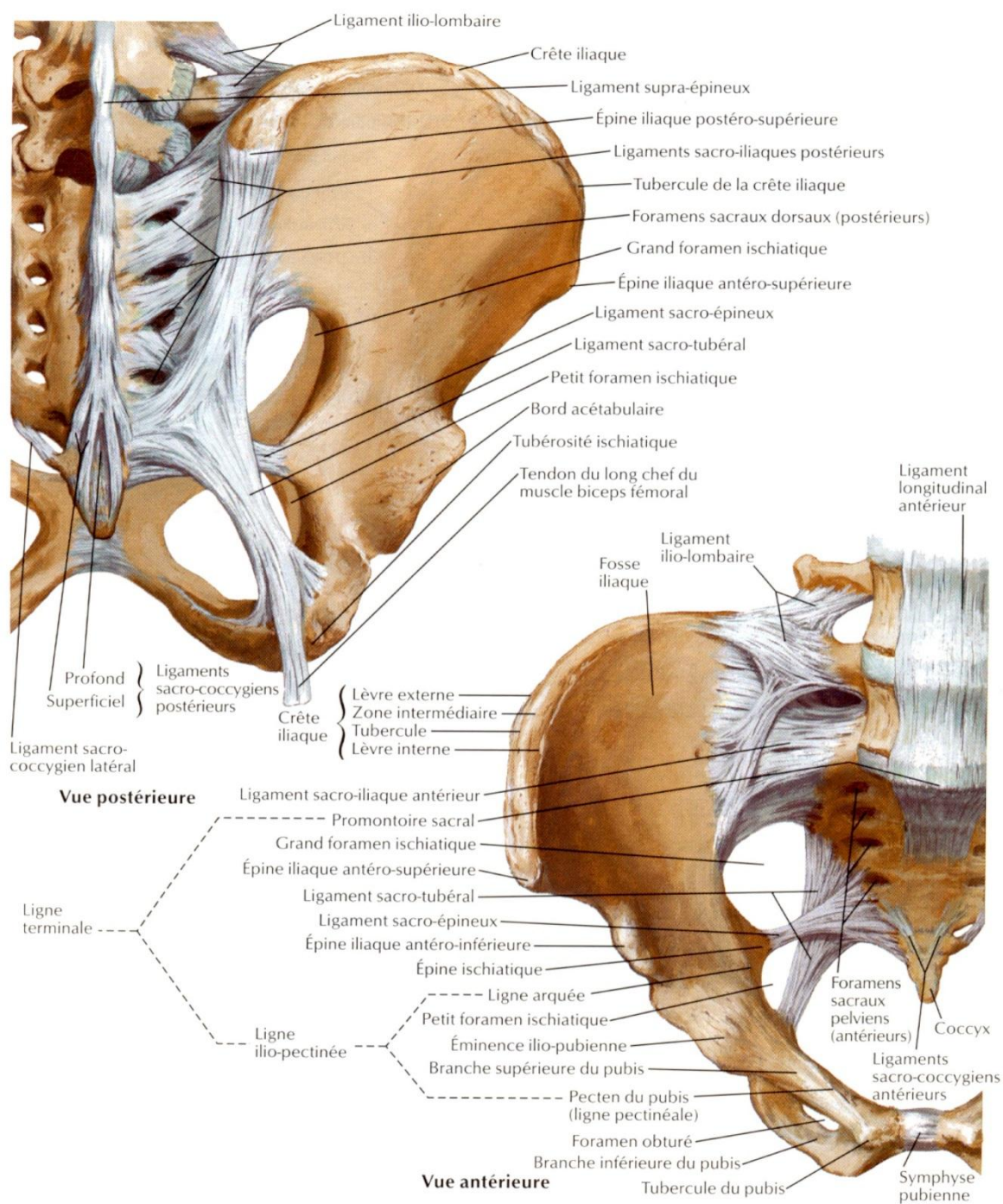
## a. Os et ligaments

### Coupe sagittale médiane



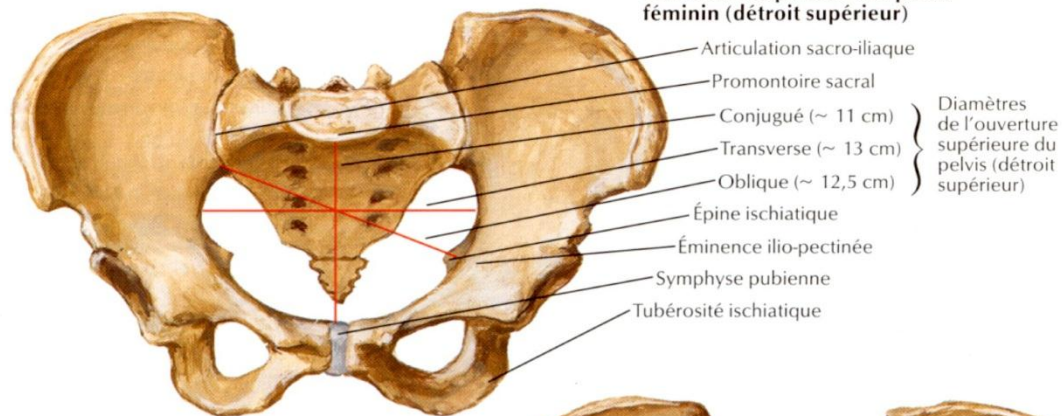
### Vue latérale







### Ouverture supérieure du pelvis féminin (détroit supérieur)



### Ouverture supérieure du pelvis masculin (détroit supérieur)

Proportionnellement à la taille, toutes les dimensions masculines sont légèrement inférieures à celles de la femme.

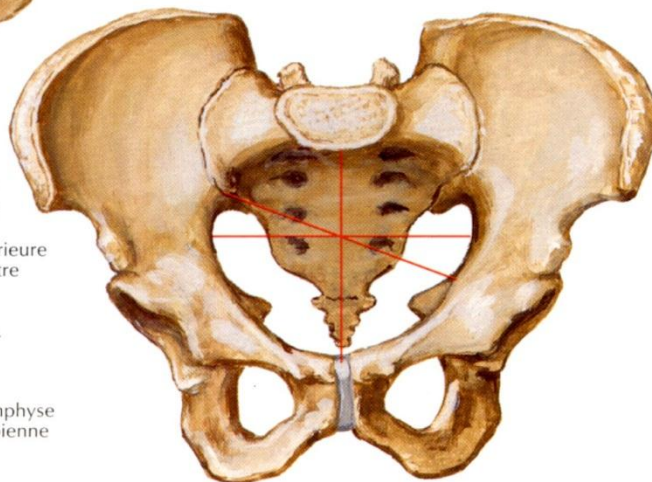
L'ouverture supérieure est d'orientation antéro-postérieure plus marquée que chez la femme, où elle tend à être ovale transversalement.

La symphyse pubienne est plus haute.

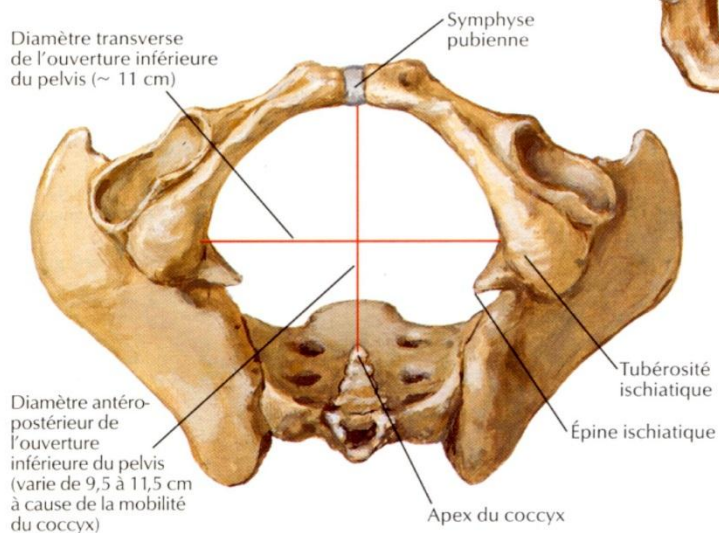
L'arcade pubienne (angle sub-pubien) est plus étroite.

Les tubérosités ischiatiques sont moins écartées.

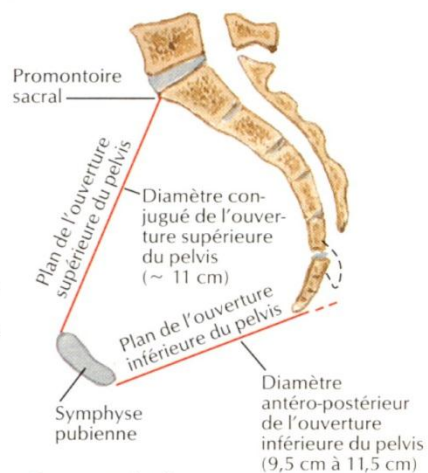
Les ailes iliaques sont moins évasées.



Diamètre transverse de l'ouverture inférieure du pelvis (~ 11 cm)

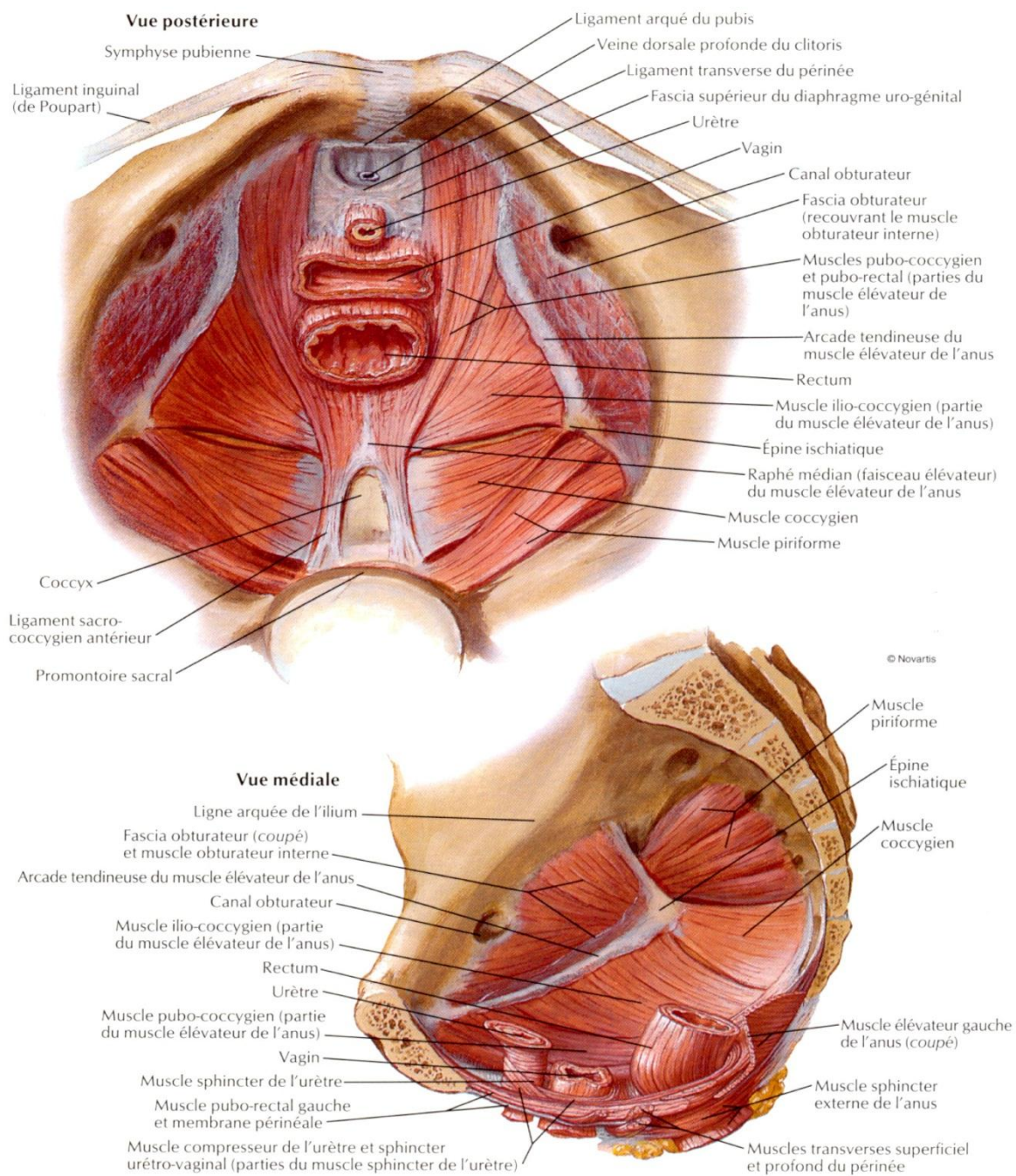


### Ouverture inférieure du pelvis féminin (détroit inférieur)



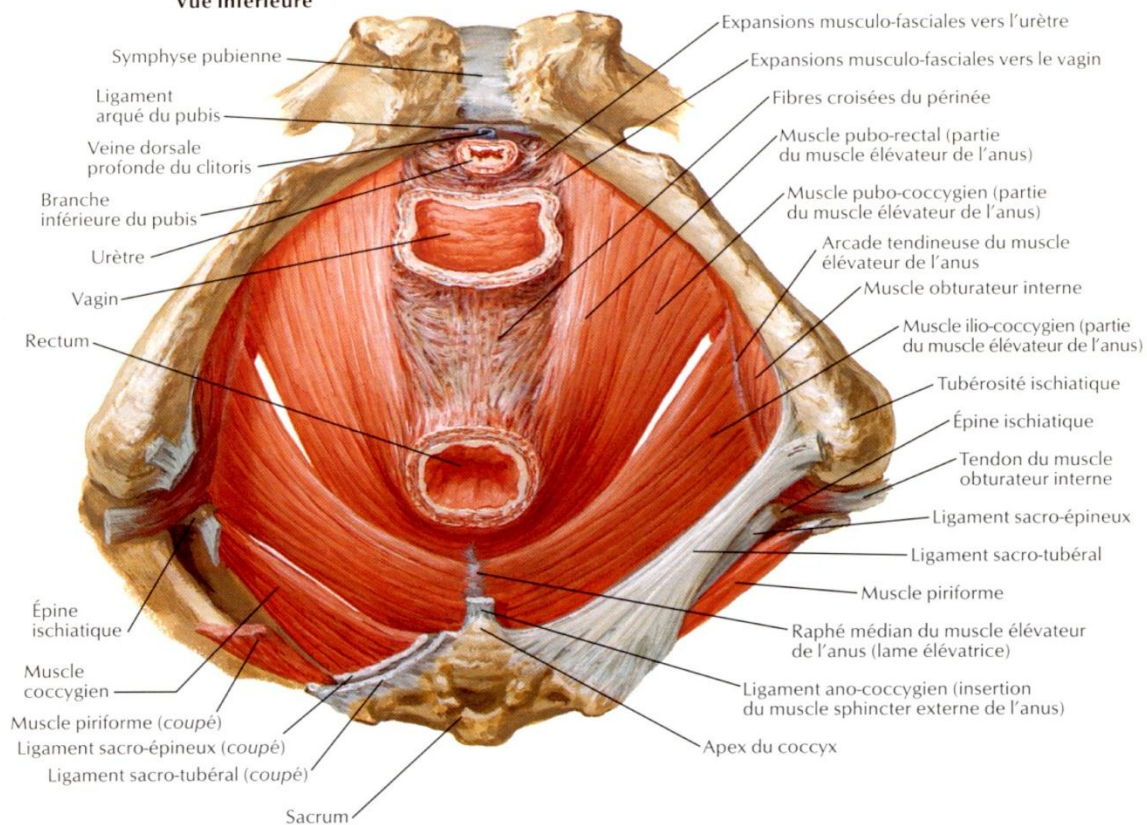
### Coupe sagittale chez la femme

## b. Plancher et contenu pelviens

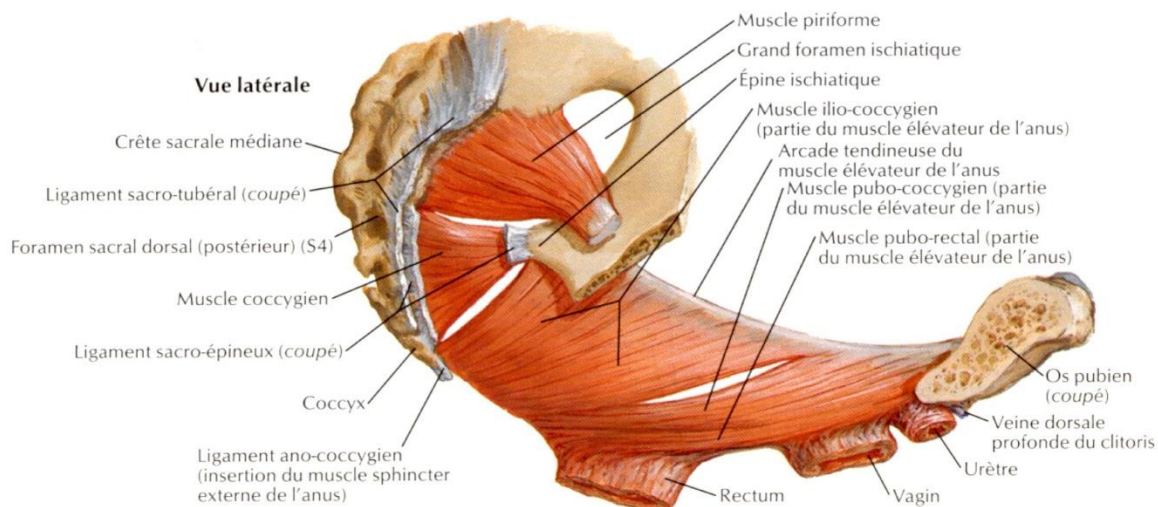


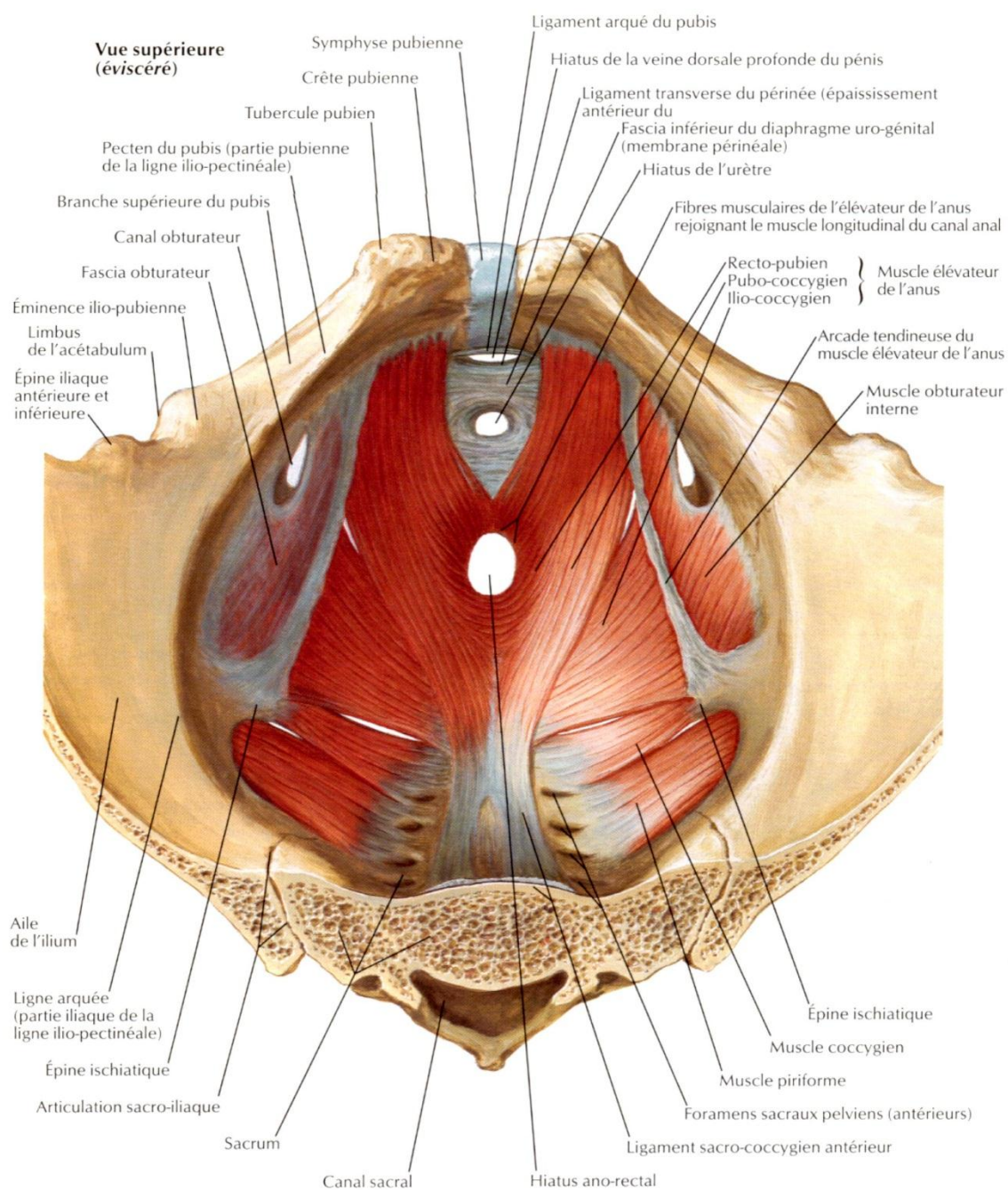


### Vue inférieure



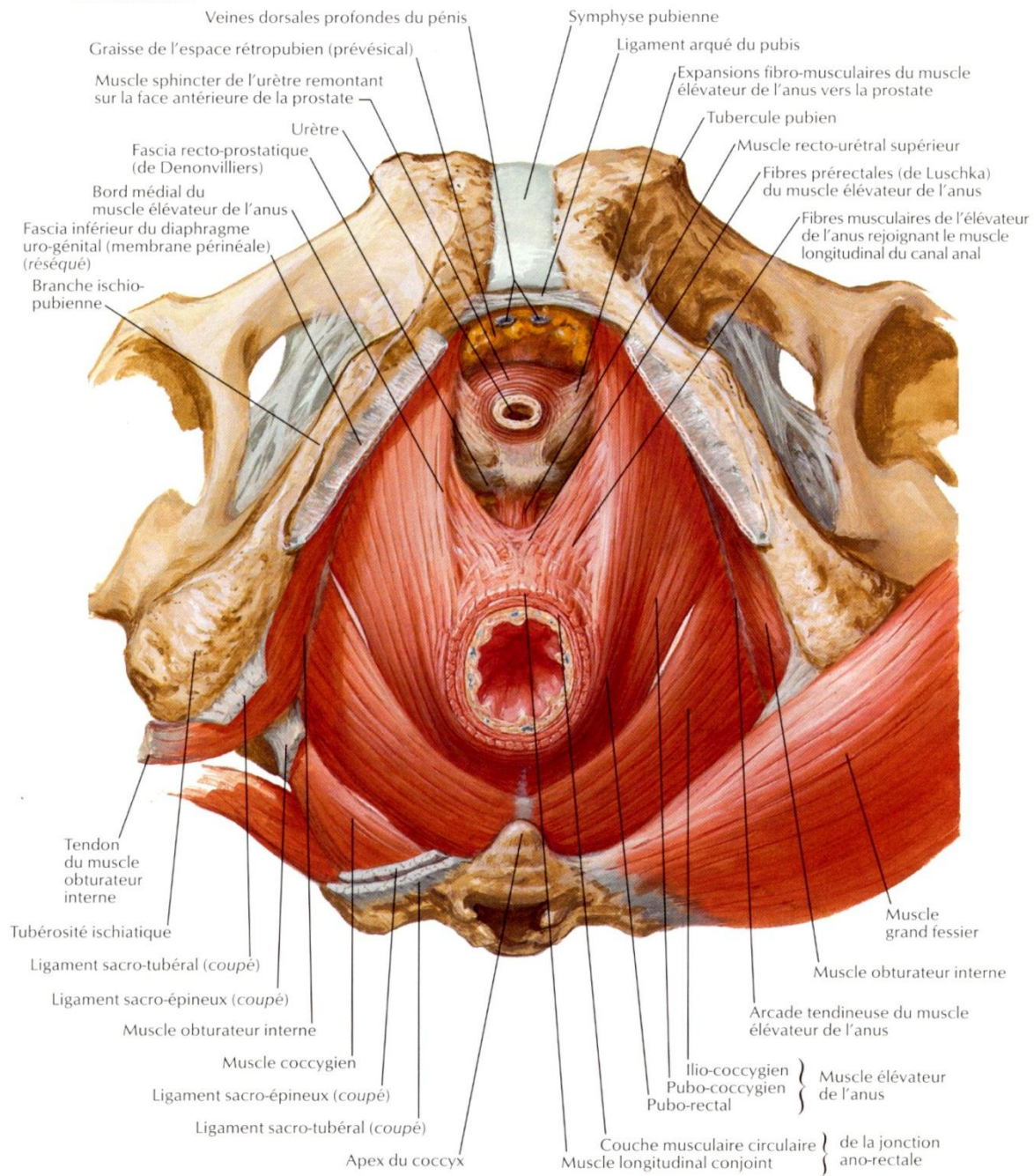
### Vue latérale



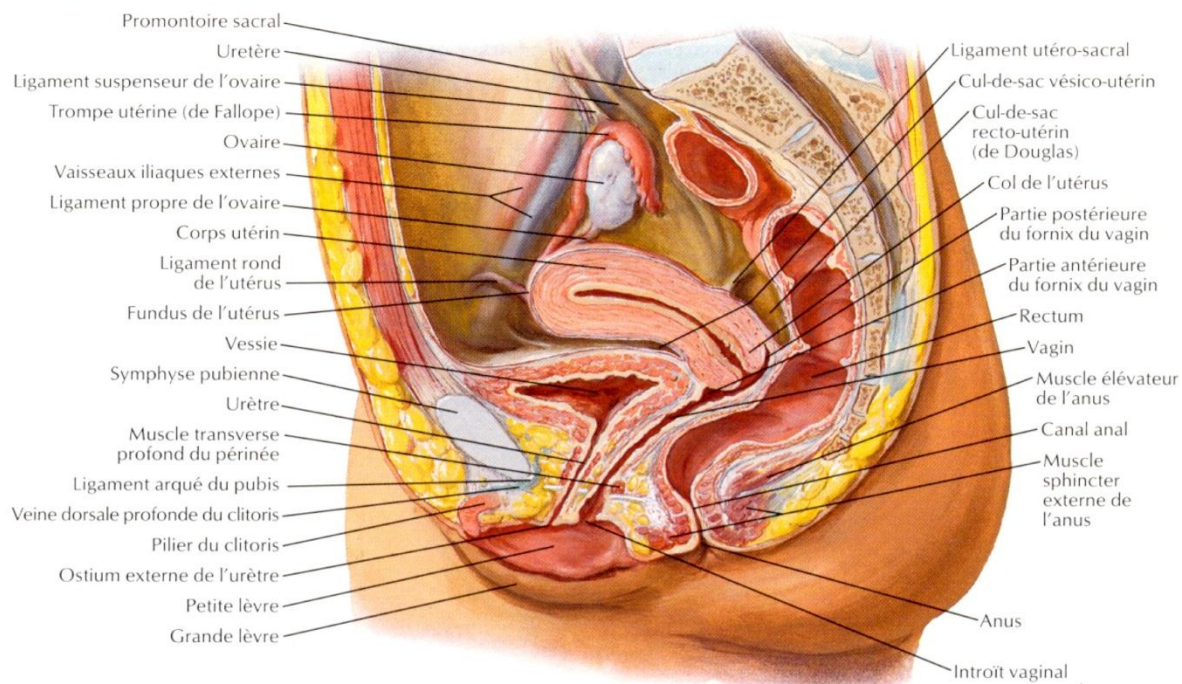




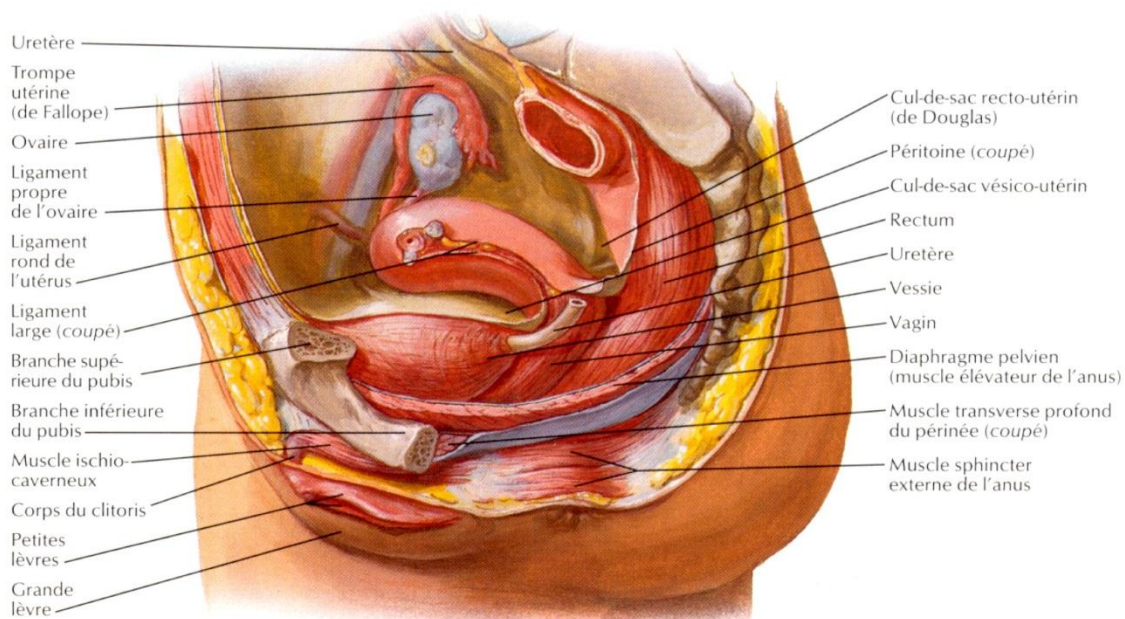
### Vue inférieure



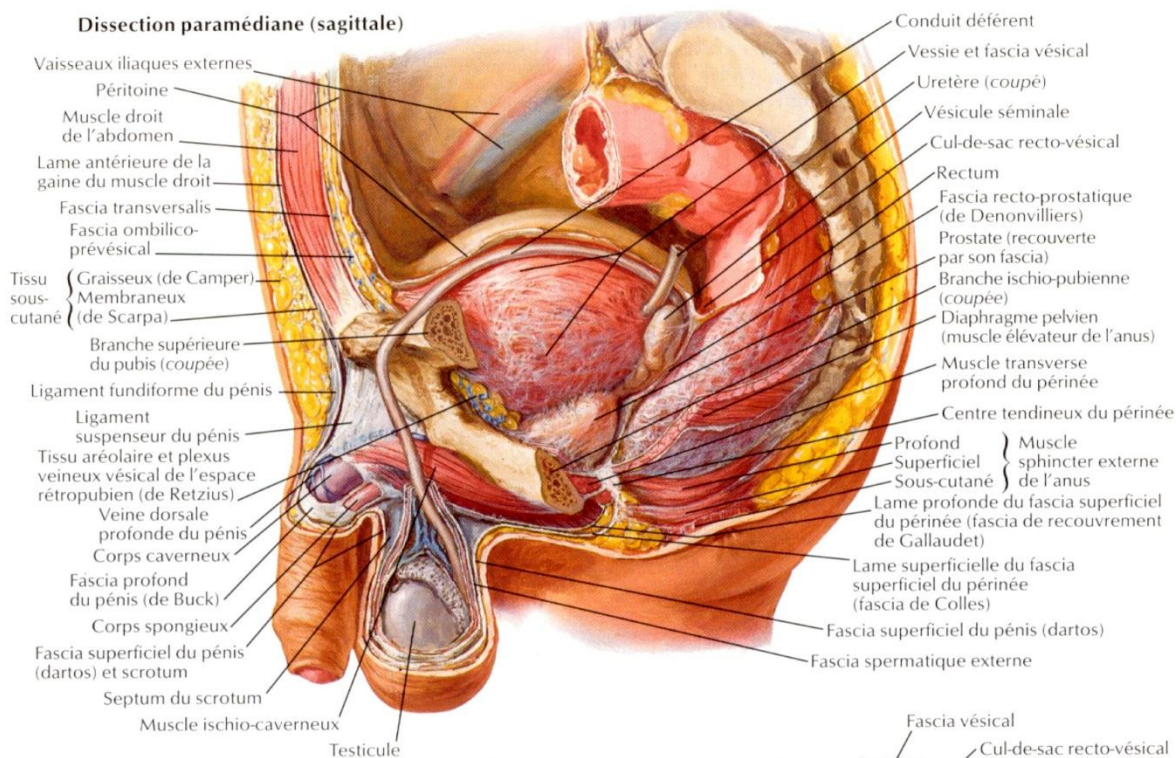
### Coupe sagittale médiane



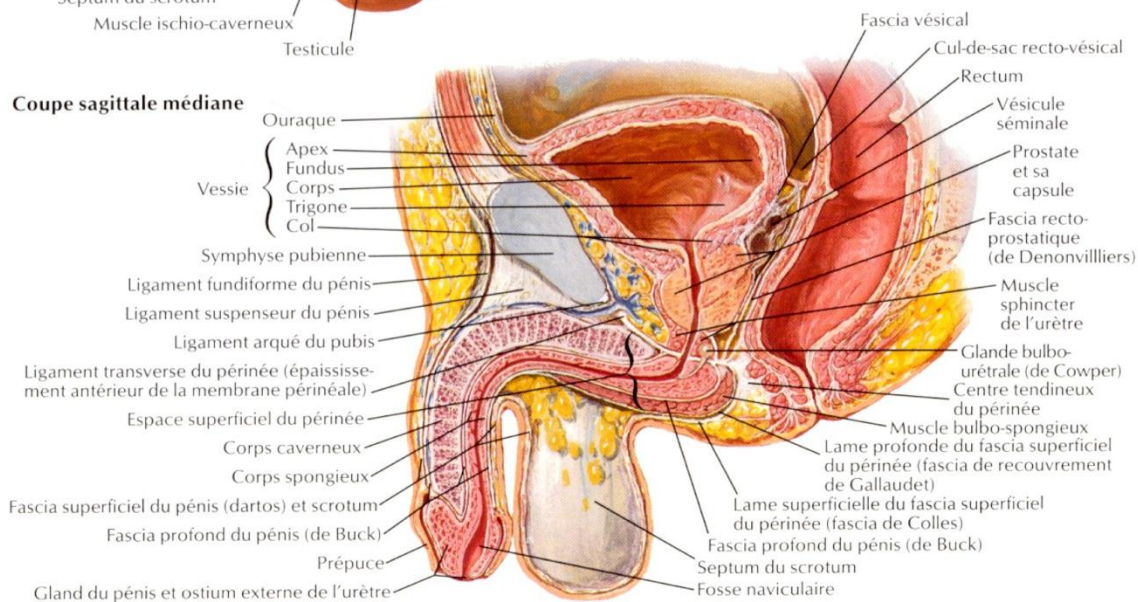
### Dissection paramédiane (sagittale)

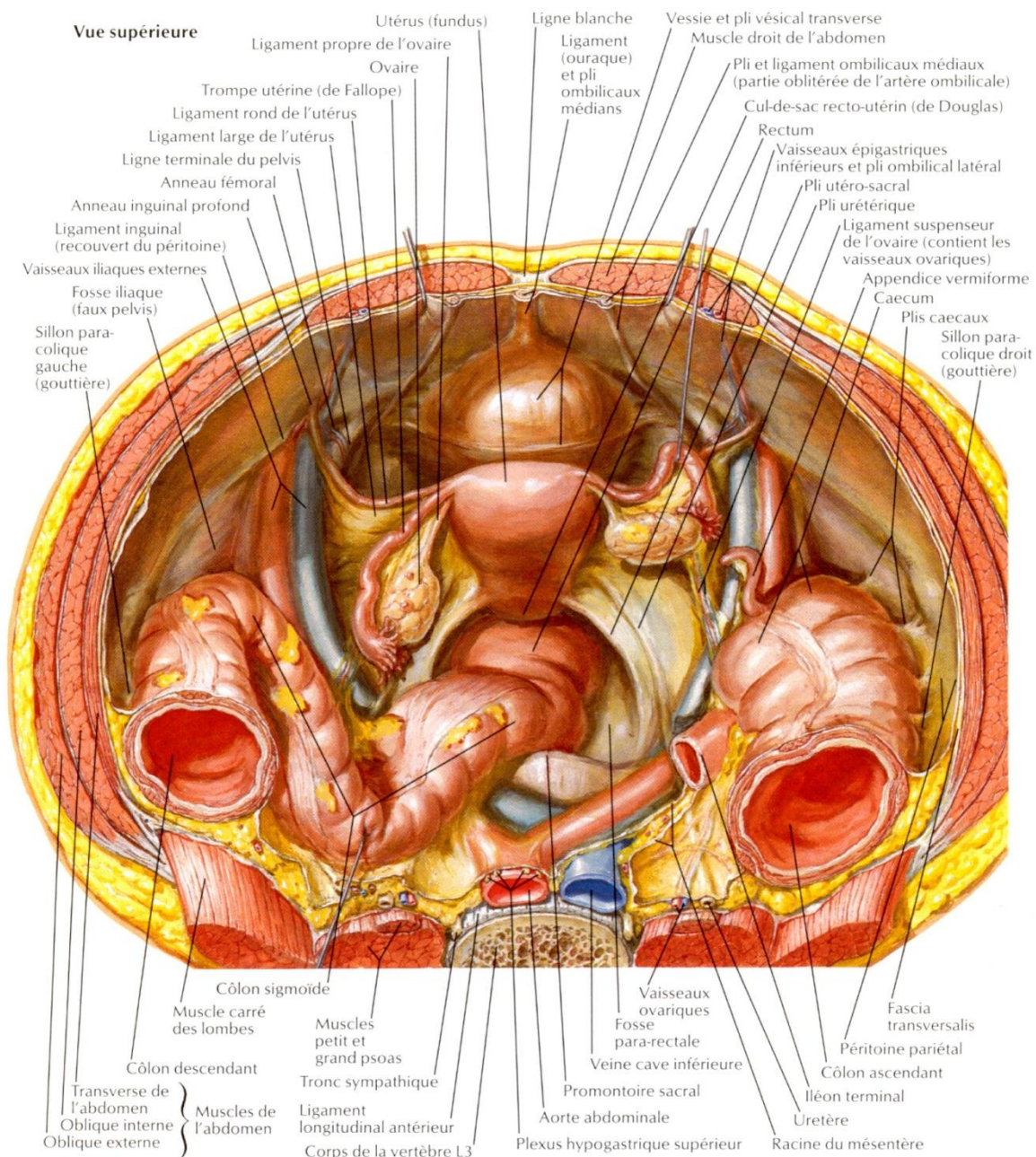






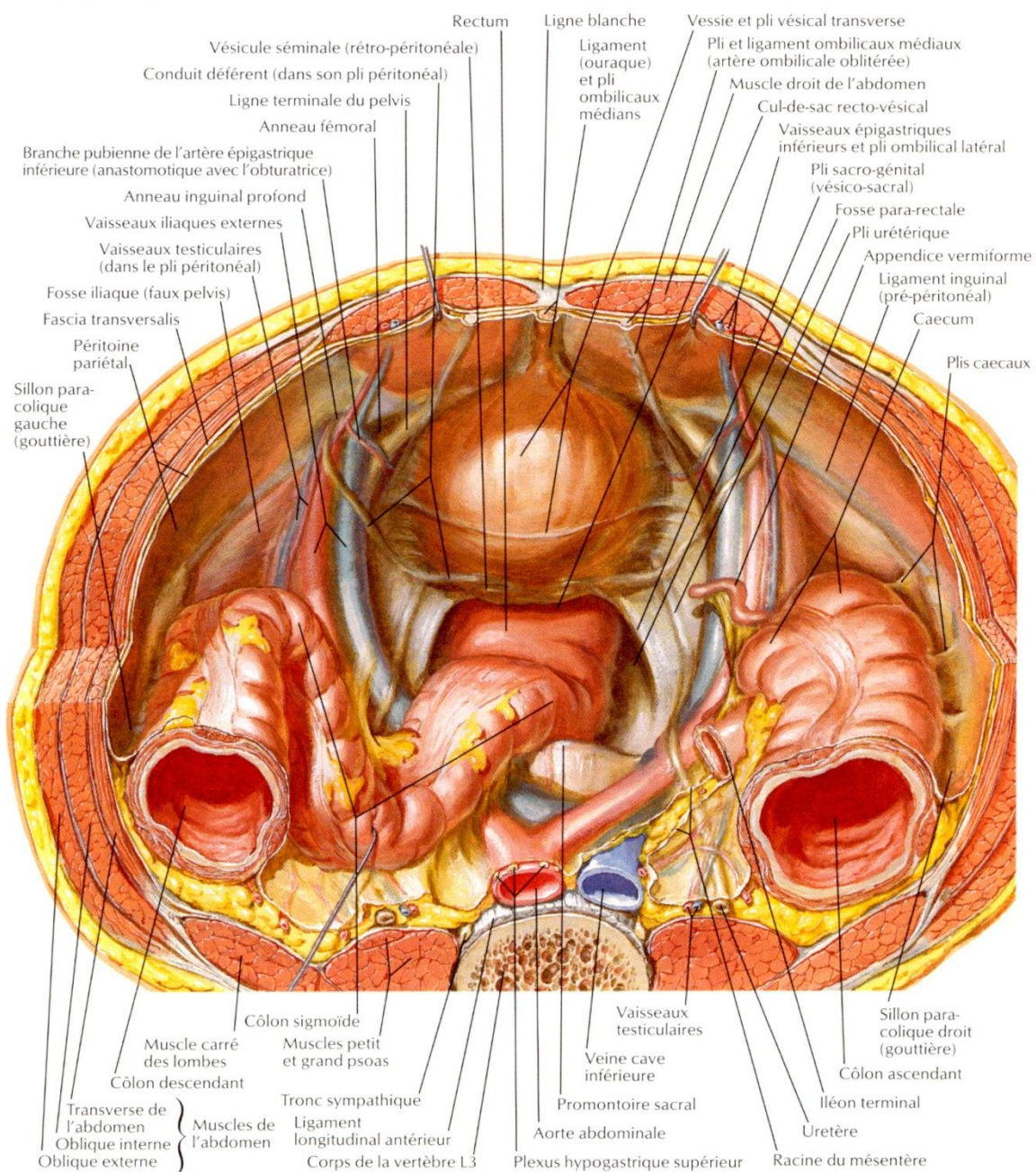
**Coupe sagittale médiane**



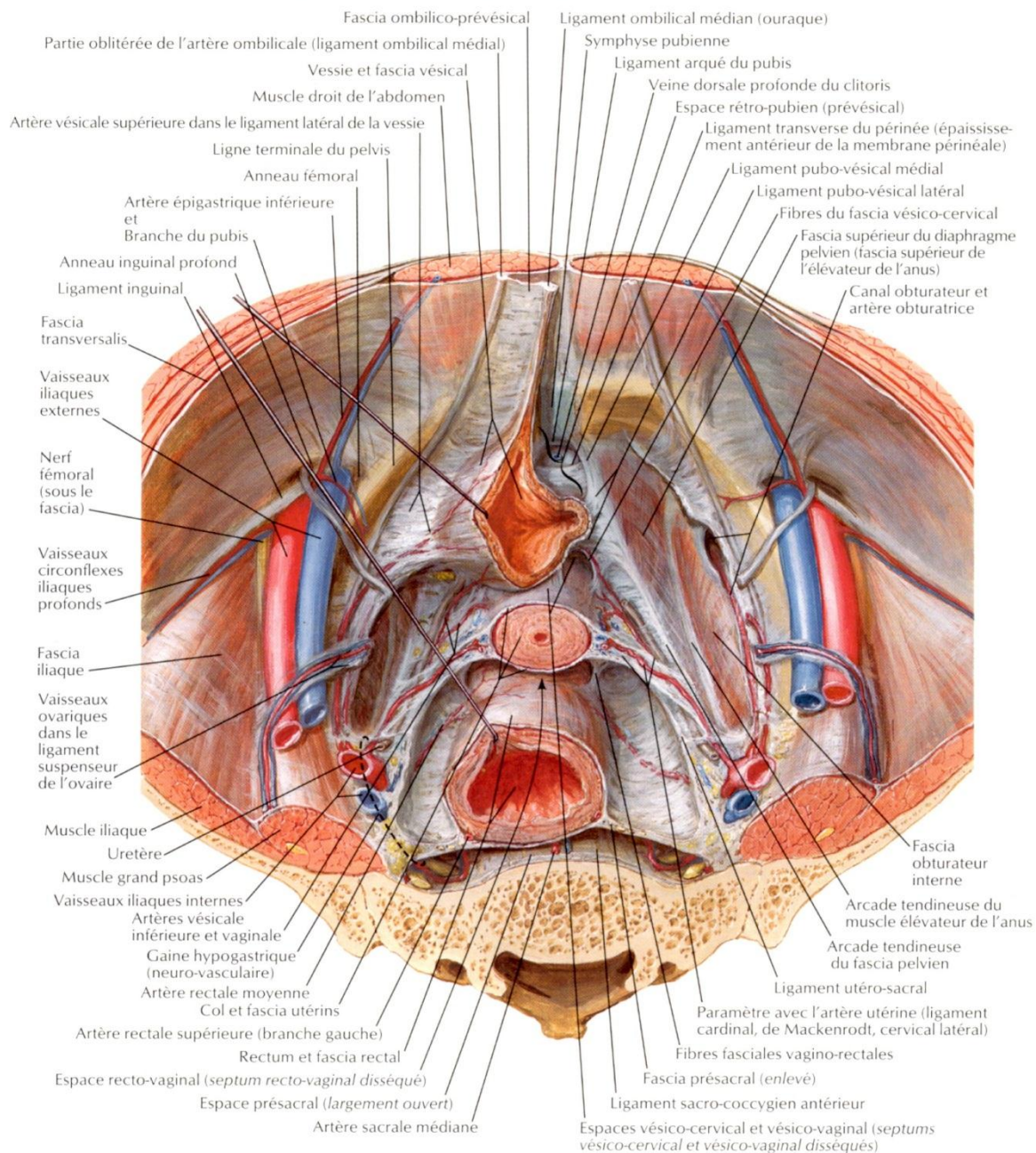




## Vue supérieure

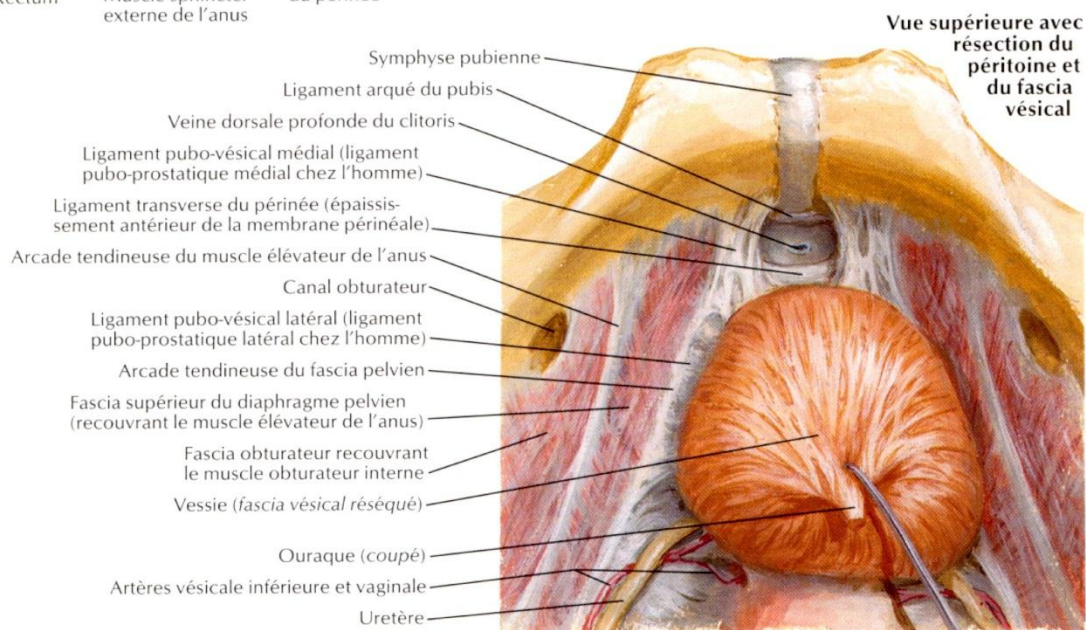
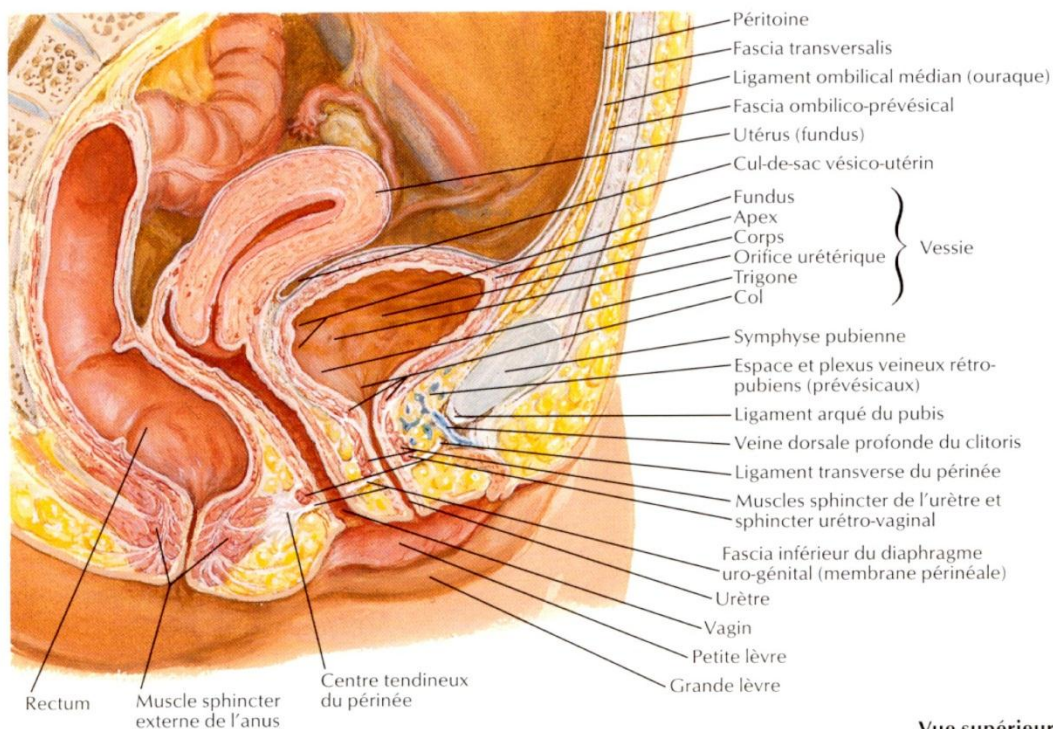


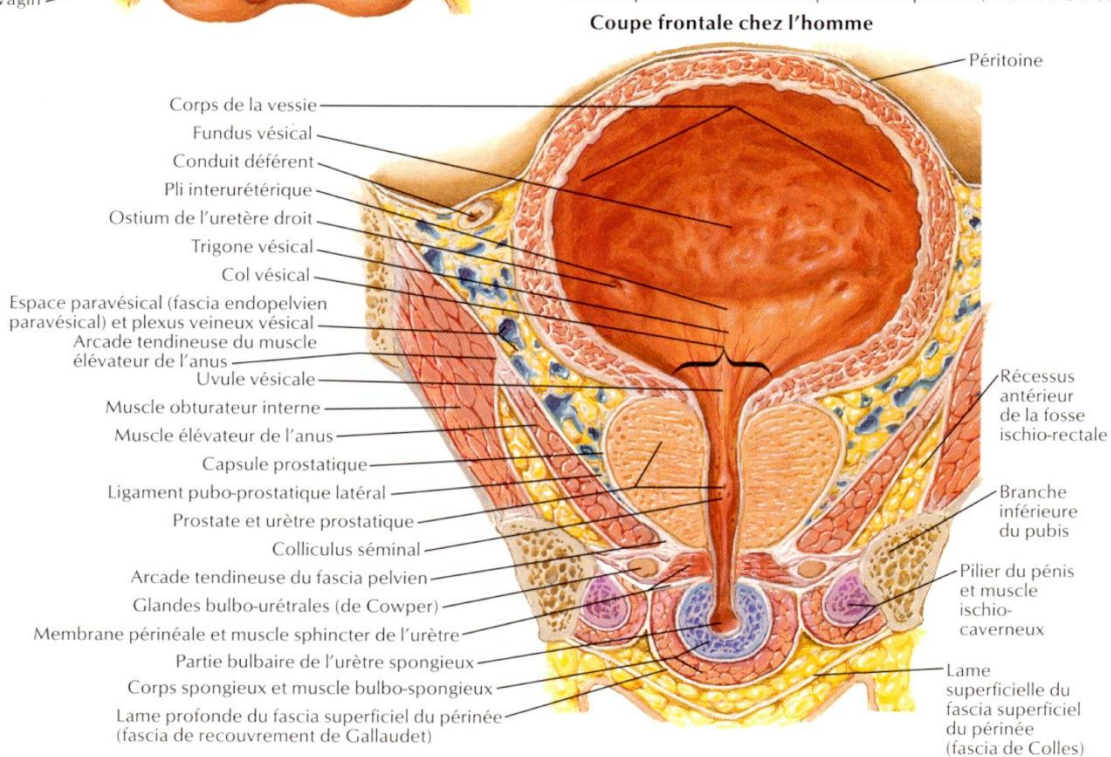
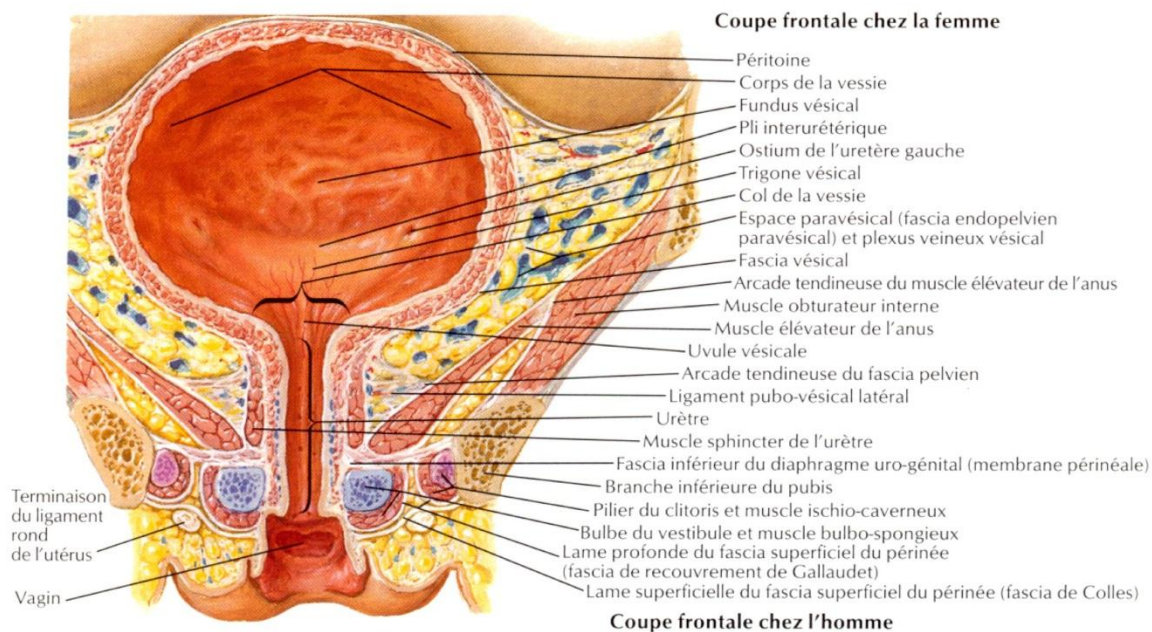
# **Vue supérieure chez la femme (péritoine et tissu aréolaire lâche enlevés)**





## Femme : coupe sagittale médiane

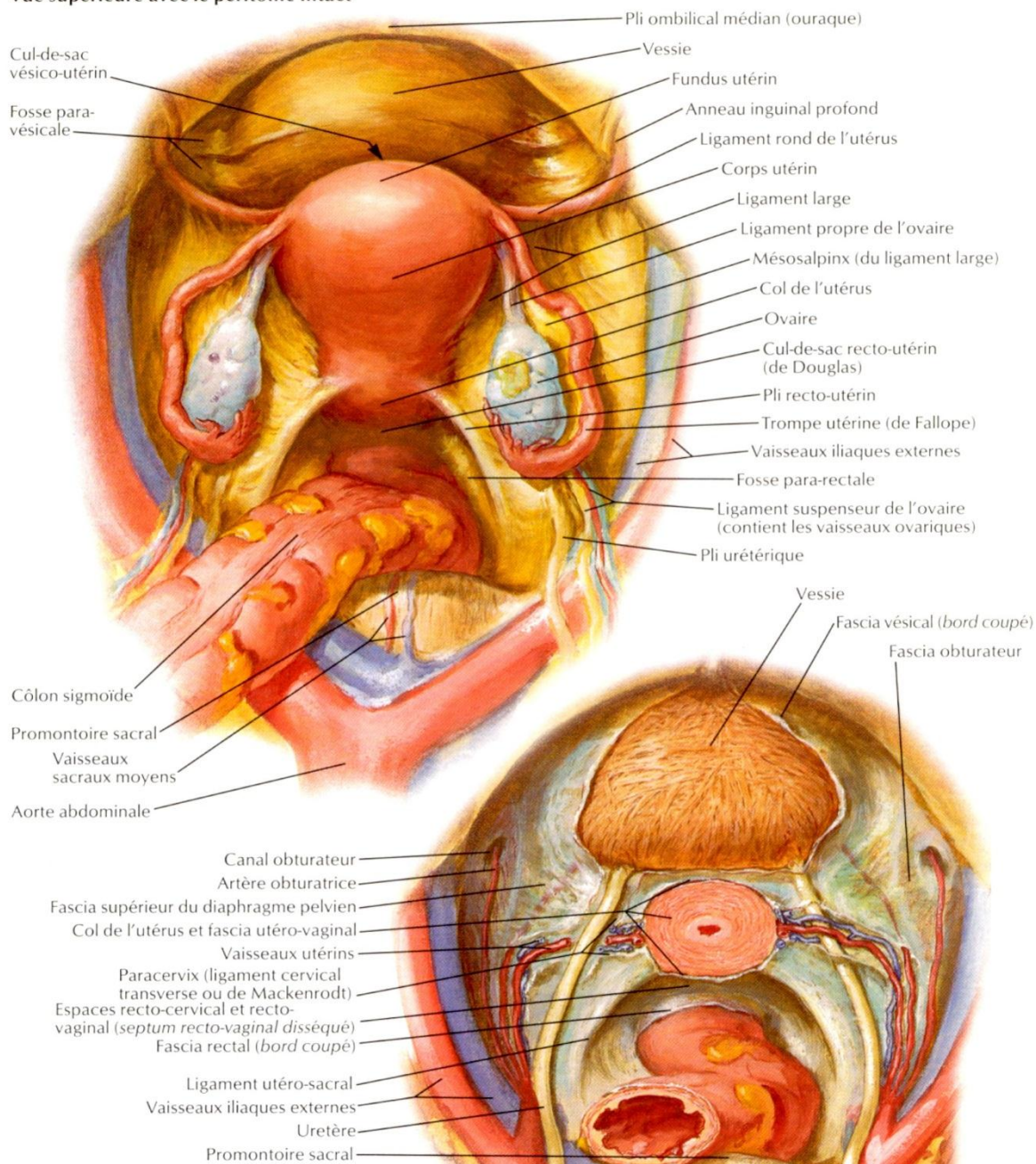




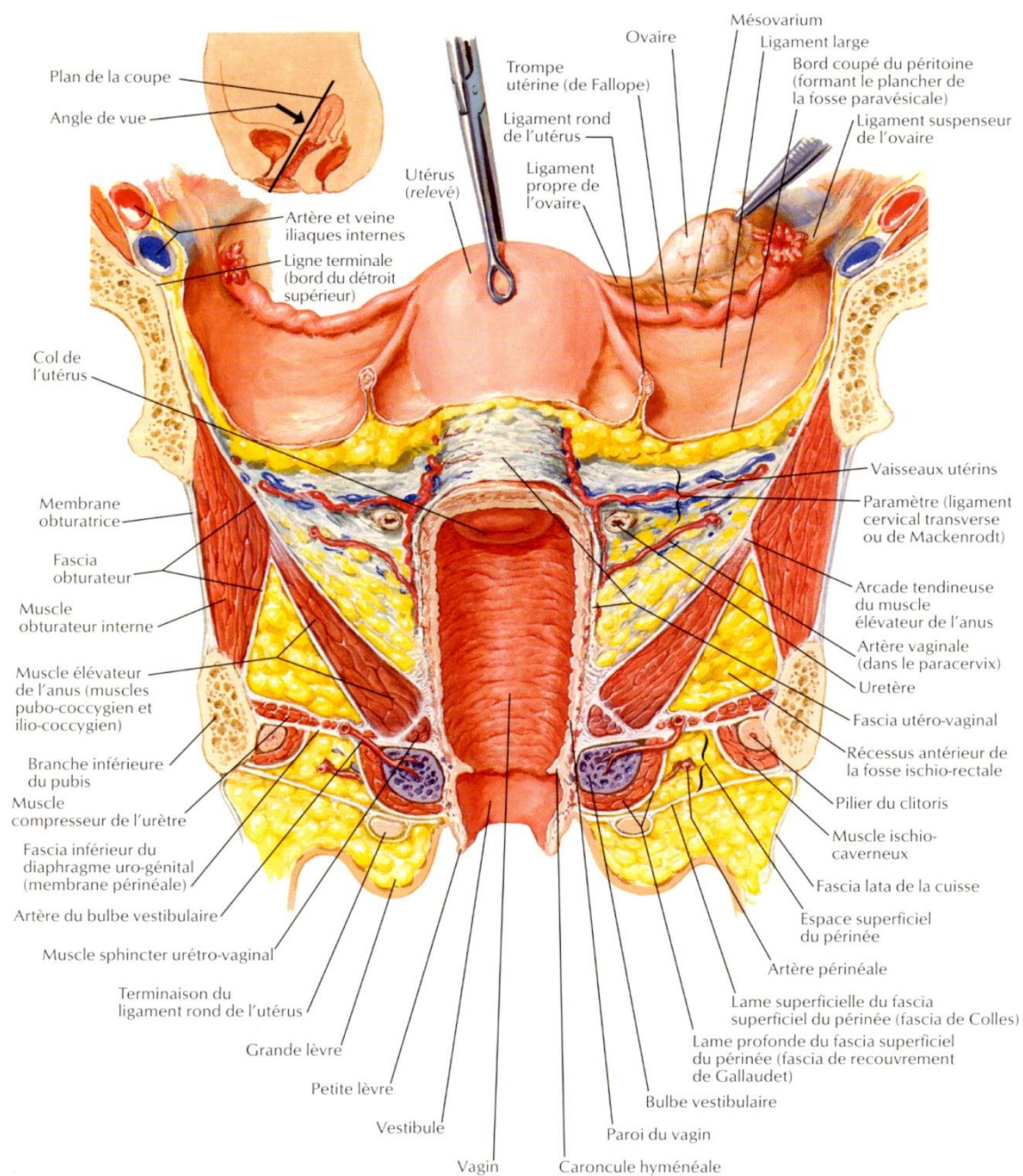


### c. Structures féminines

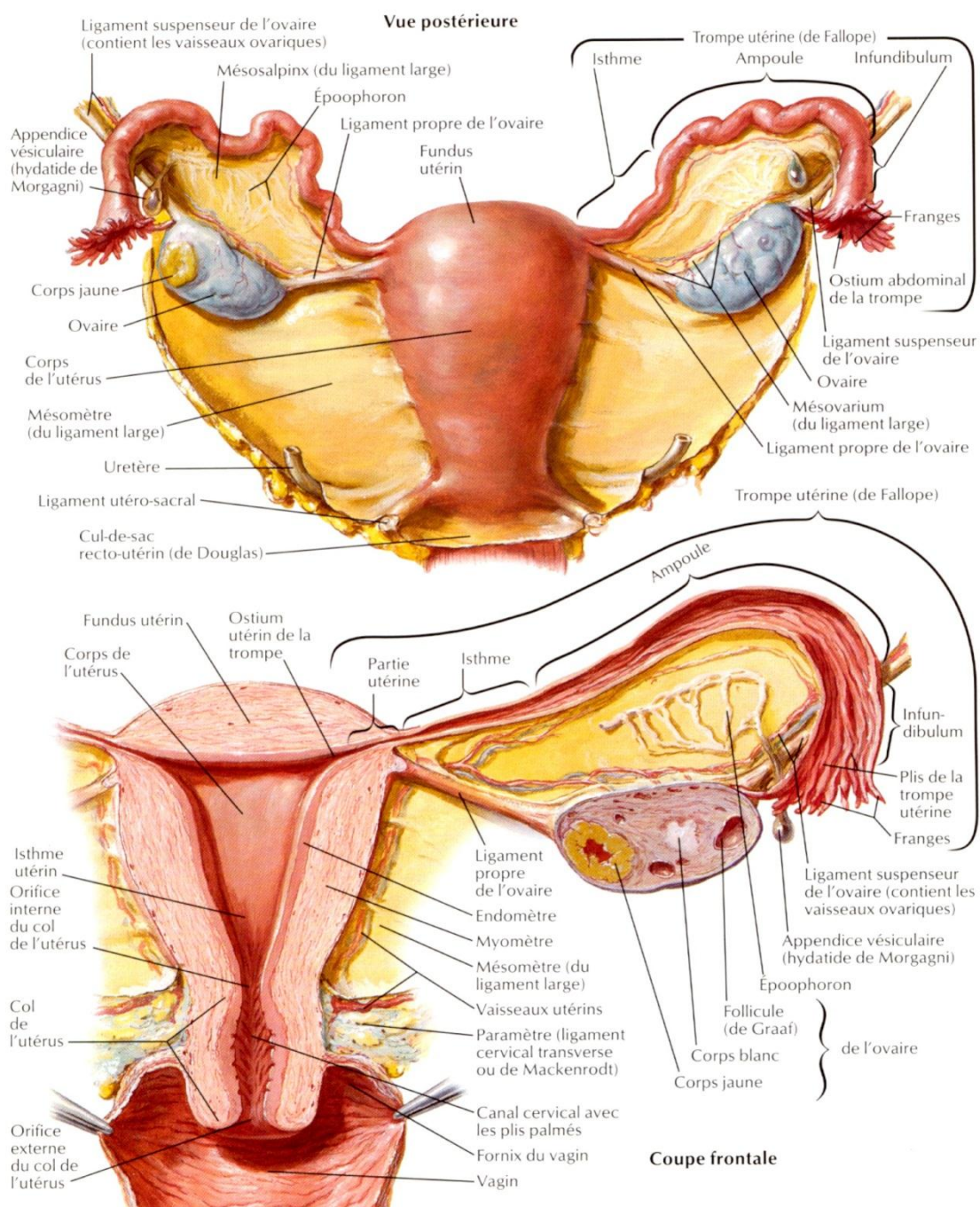
#### Vue supérieure avec le péritoine intact

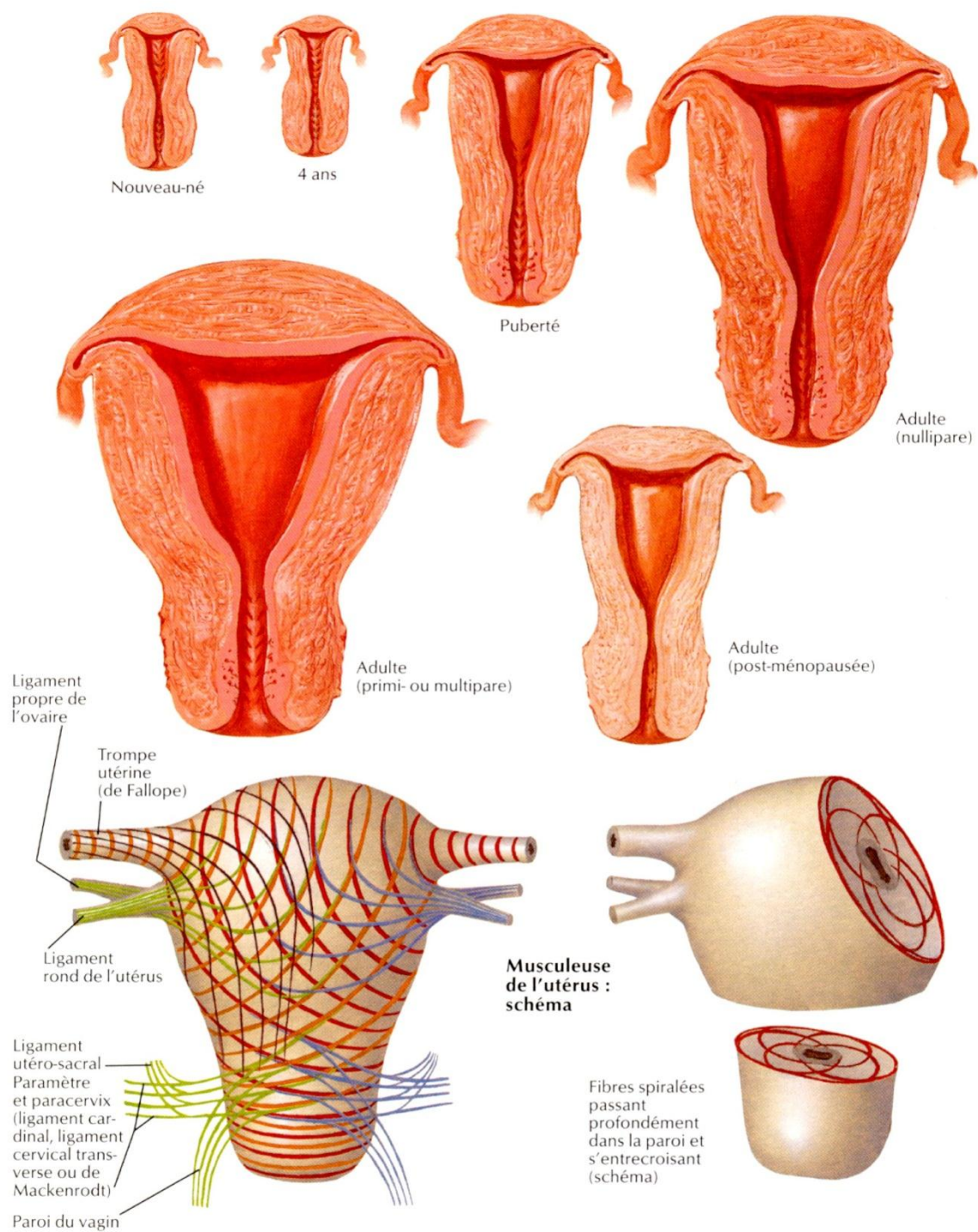


#### Vue supérieure avec résection du péritoine et de l'utérus

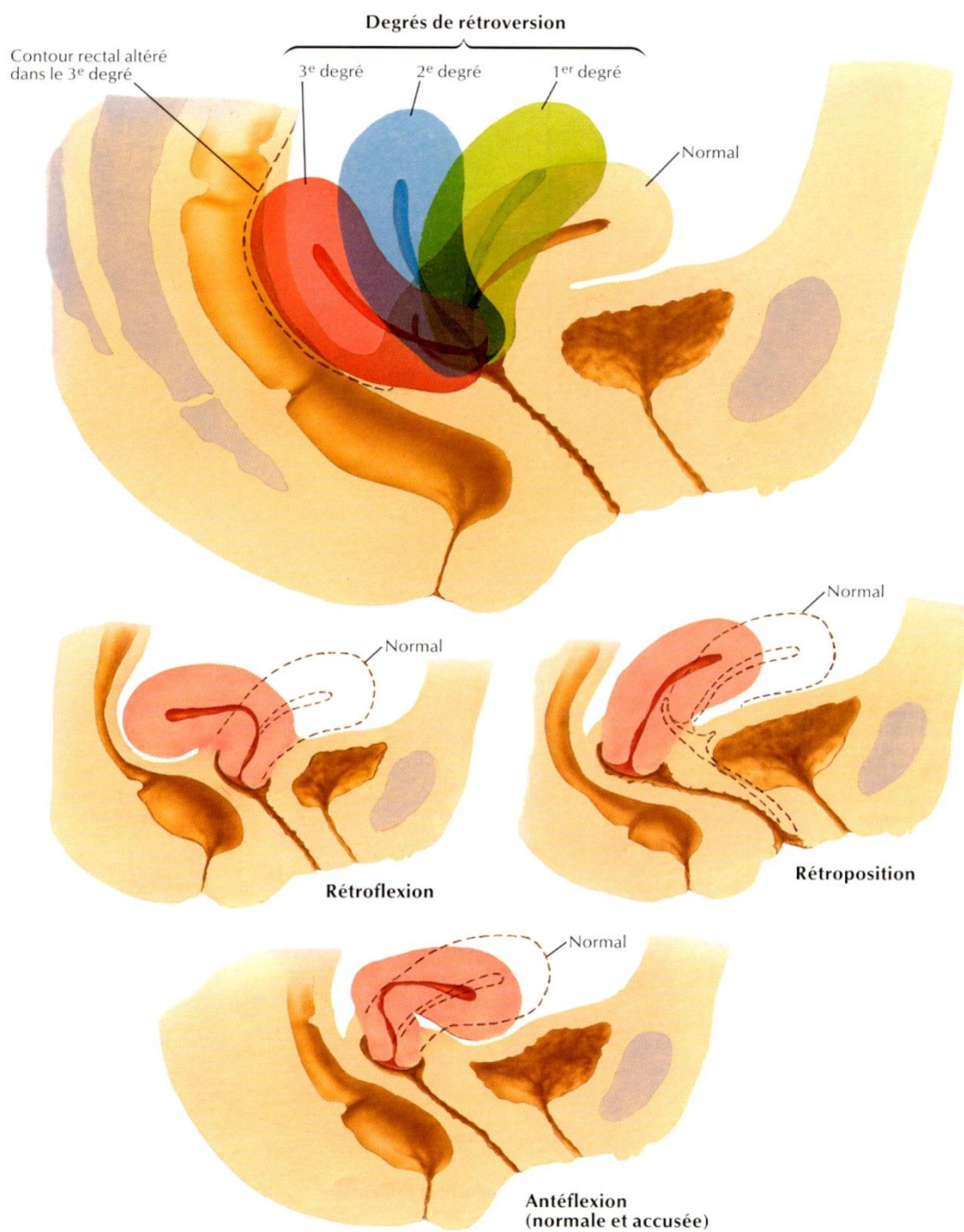


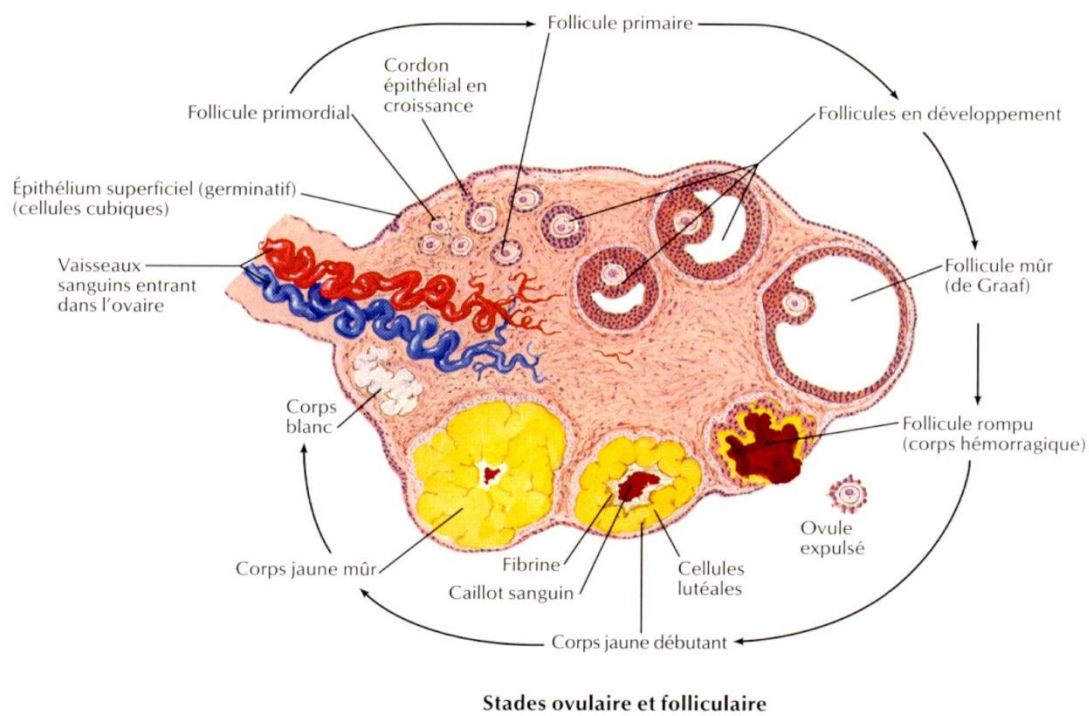
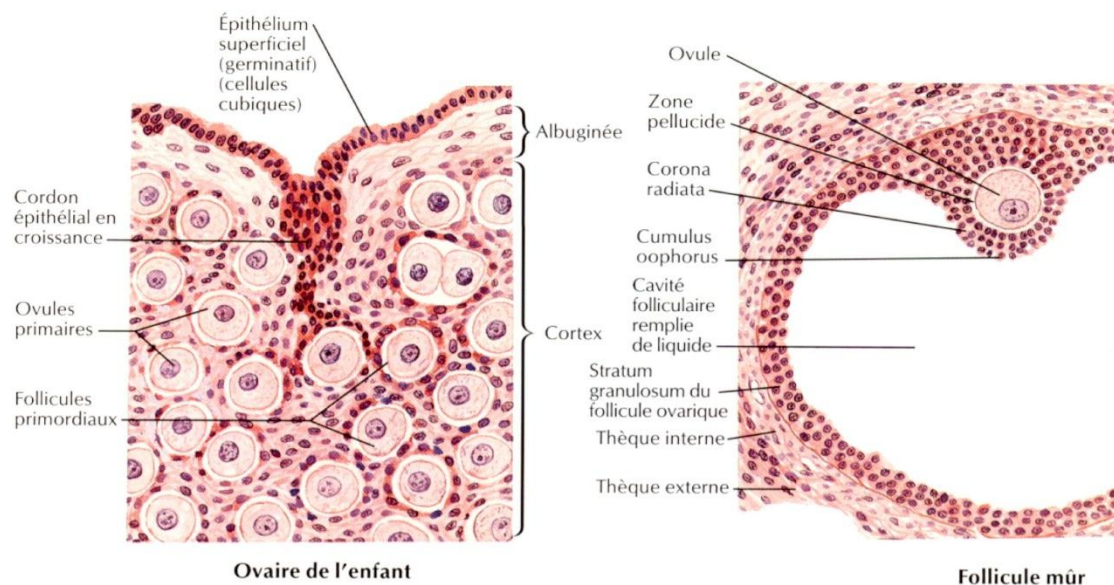




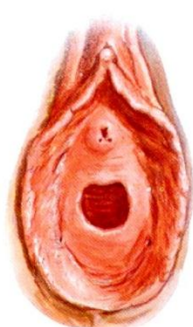
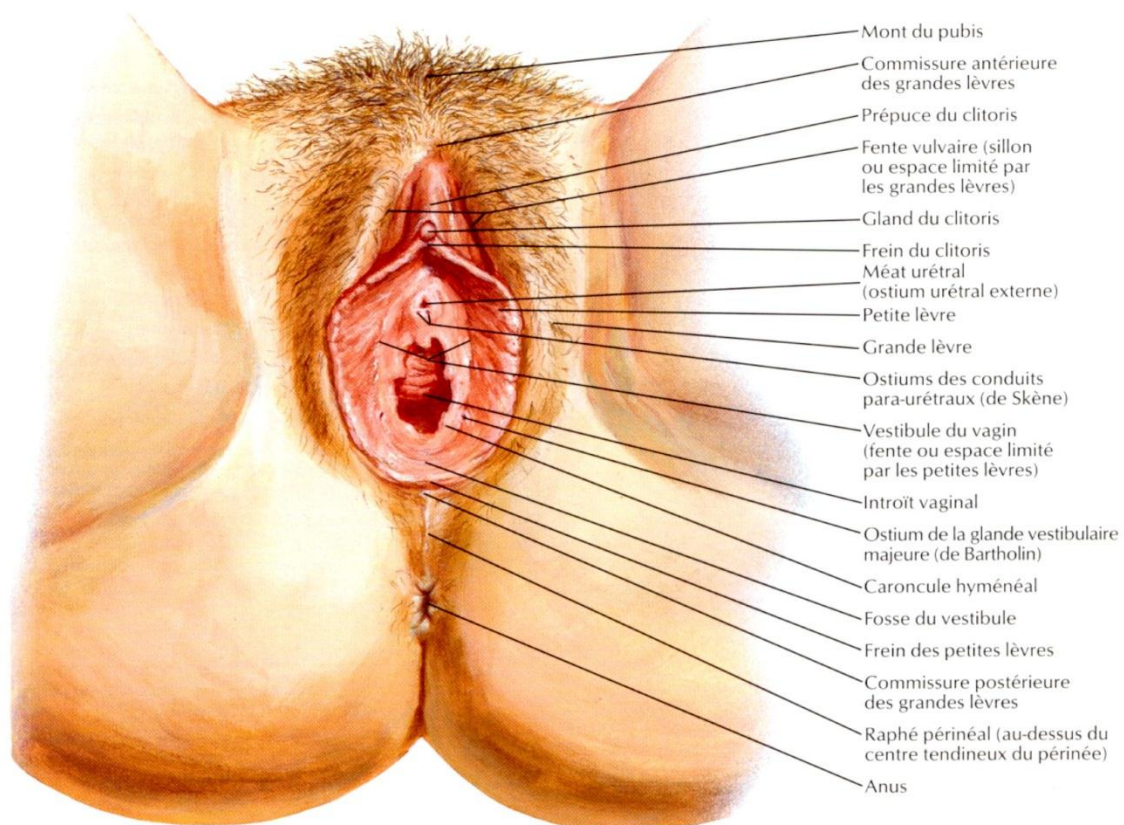












Hymen annulaire



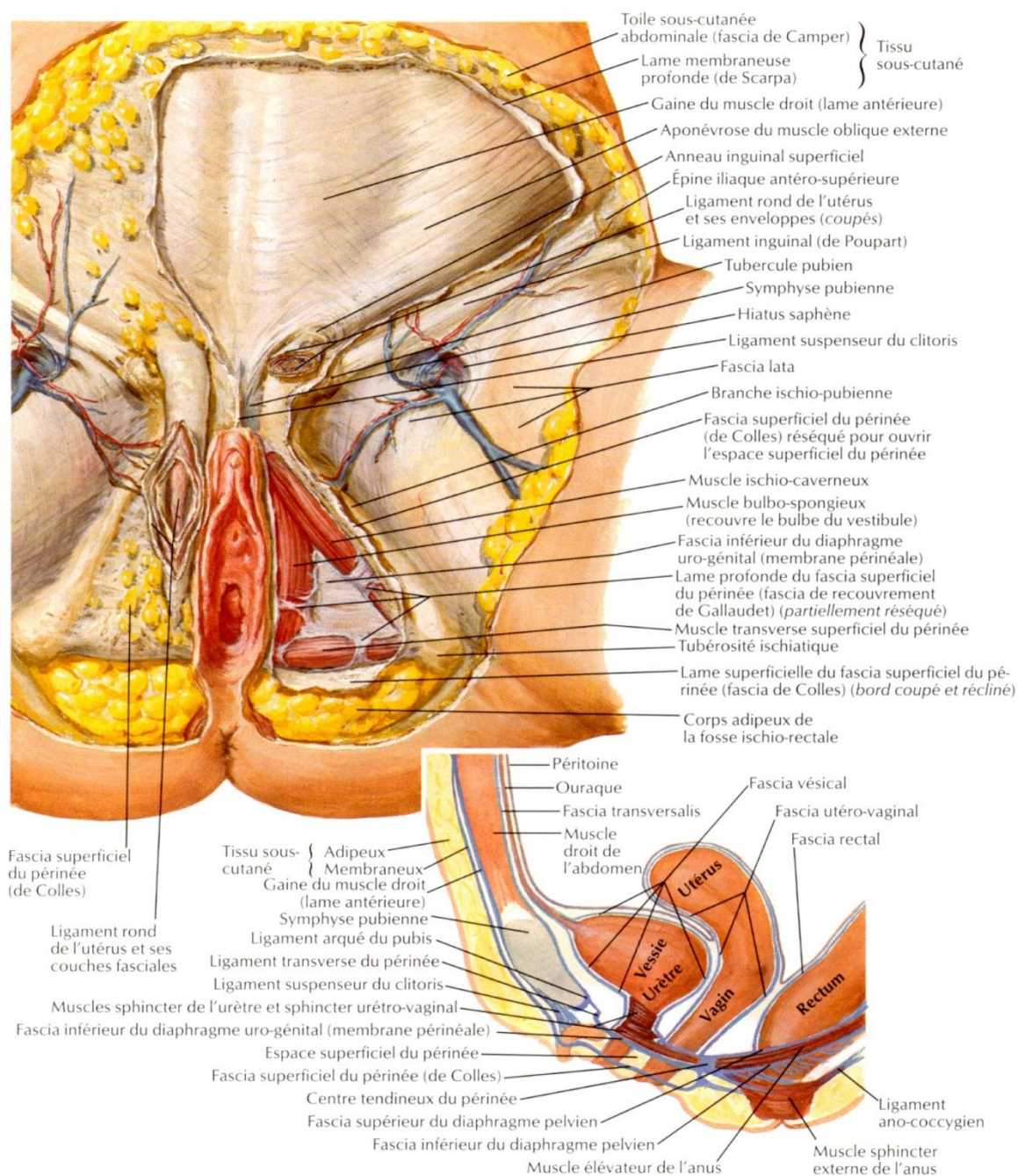
Hymen cloisonné



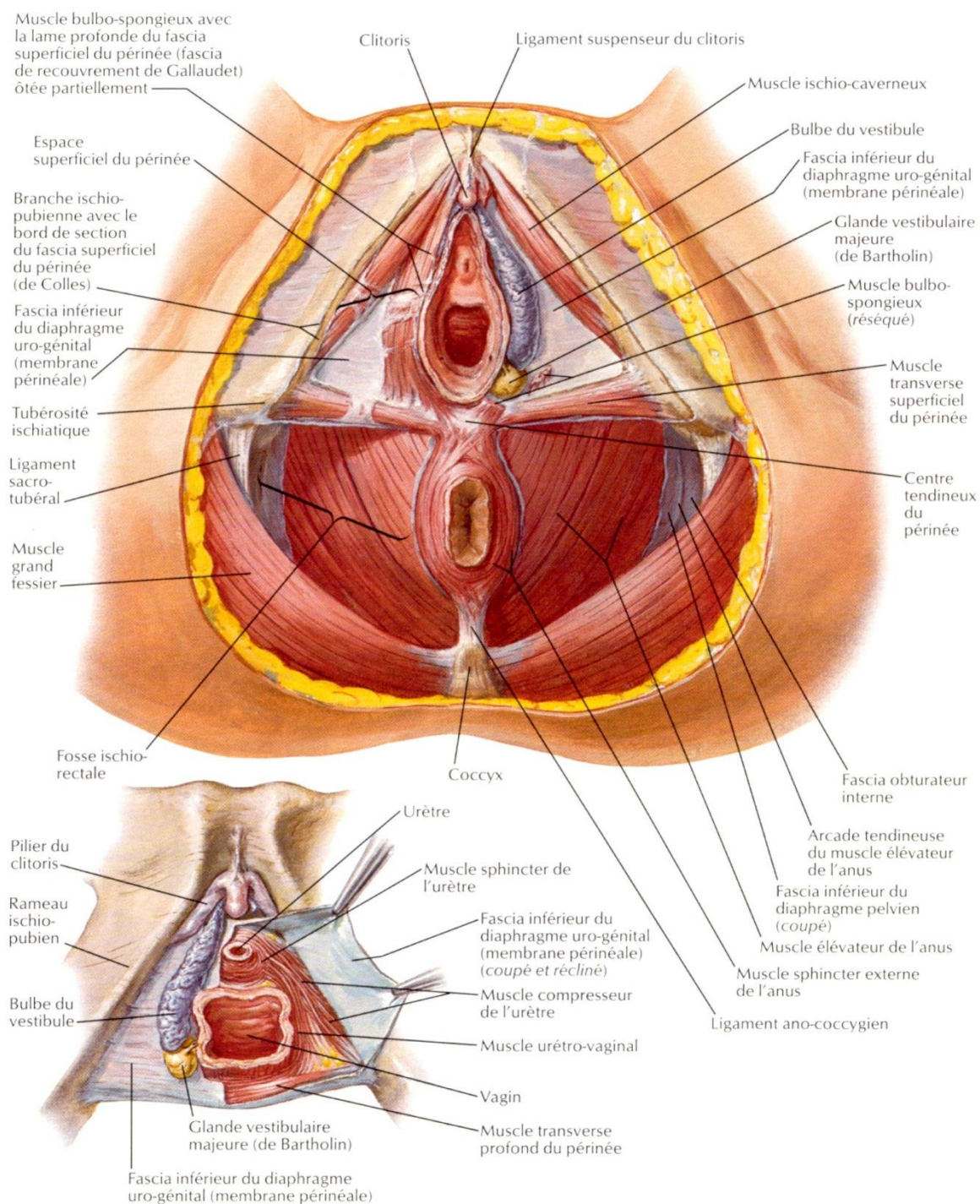
Hymen cribriforme

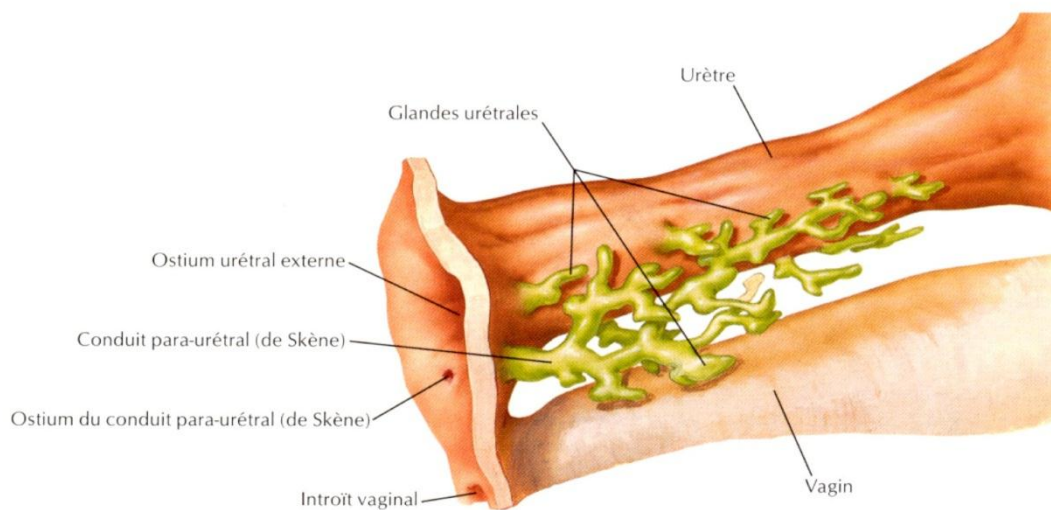
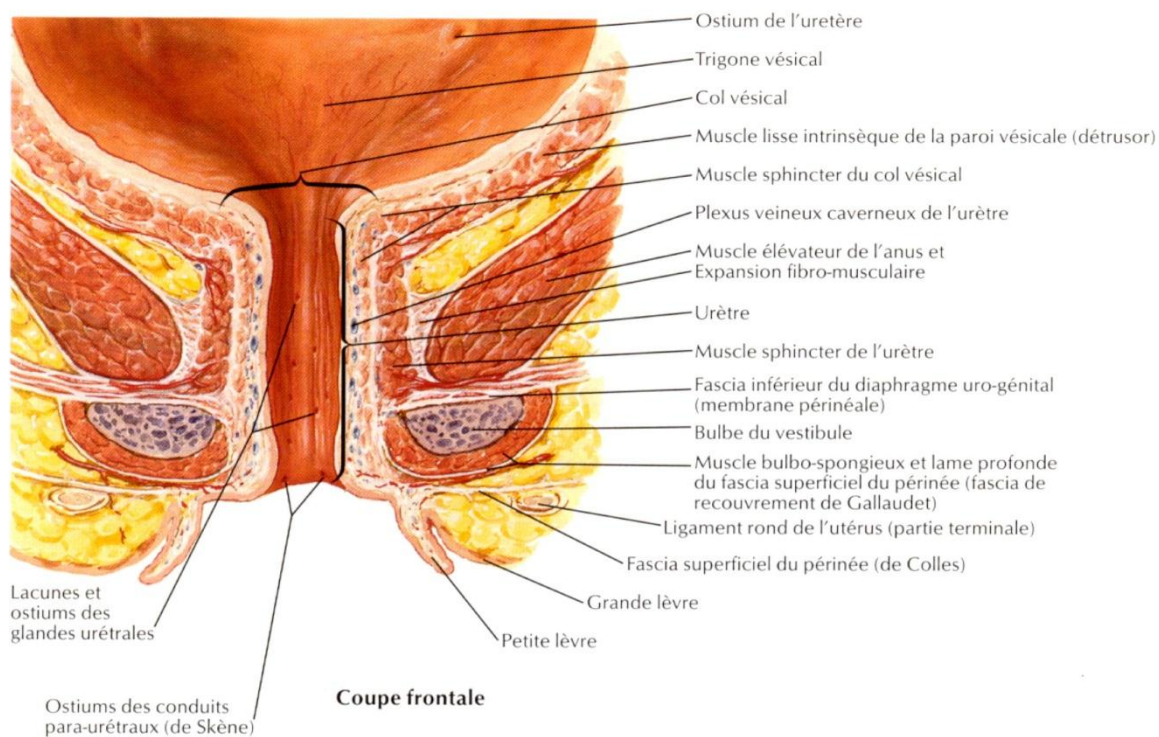


Introit de multipare



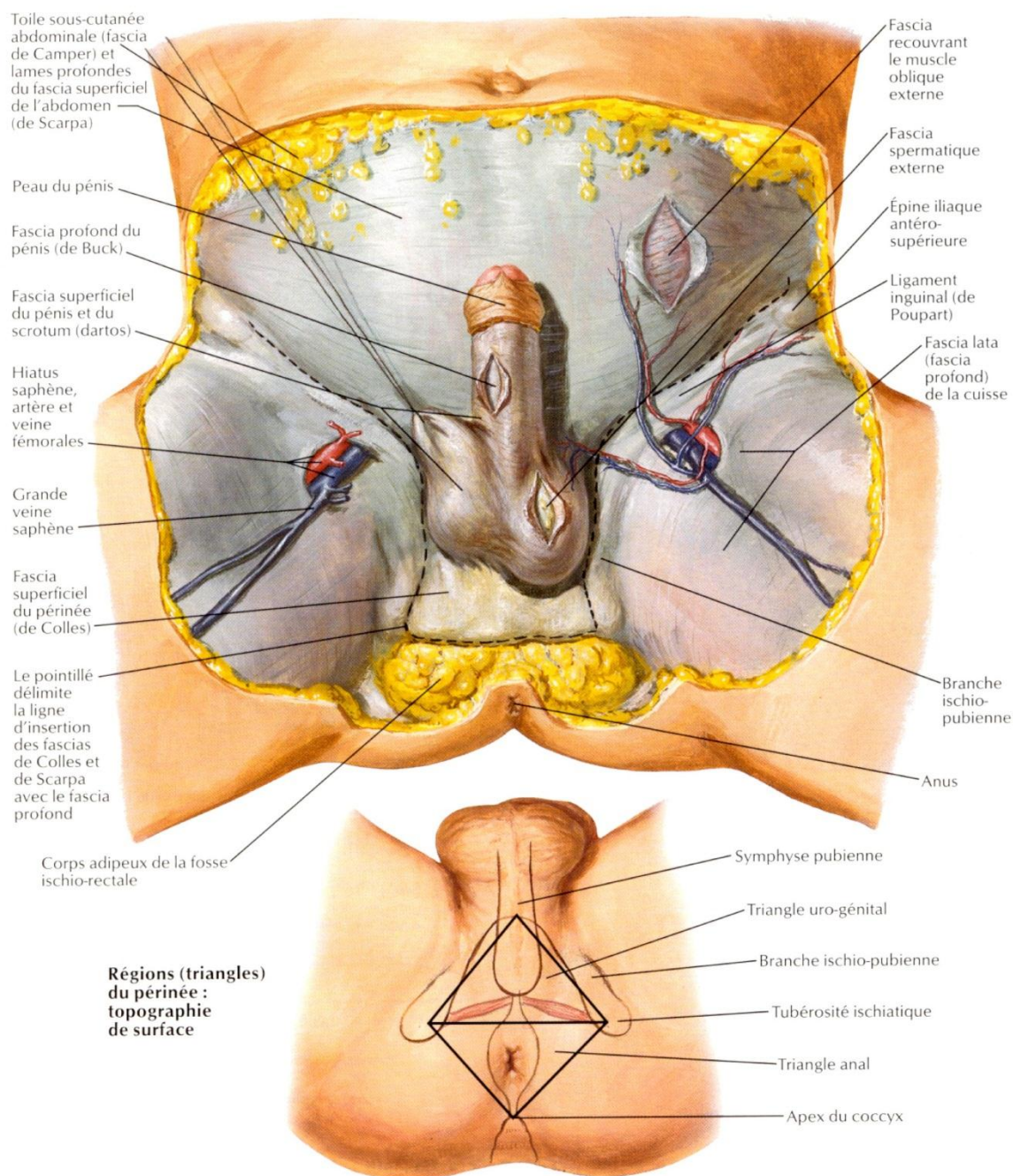


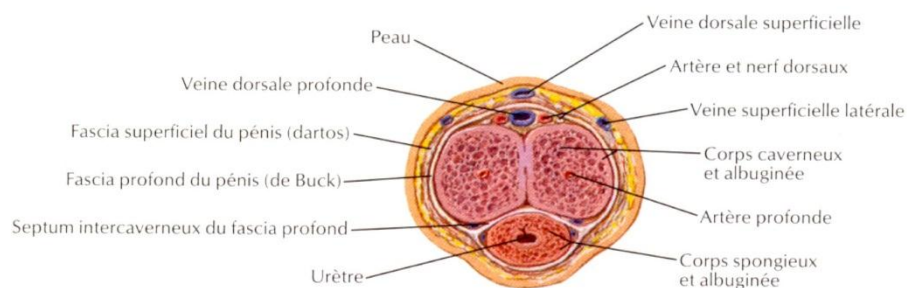
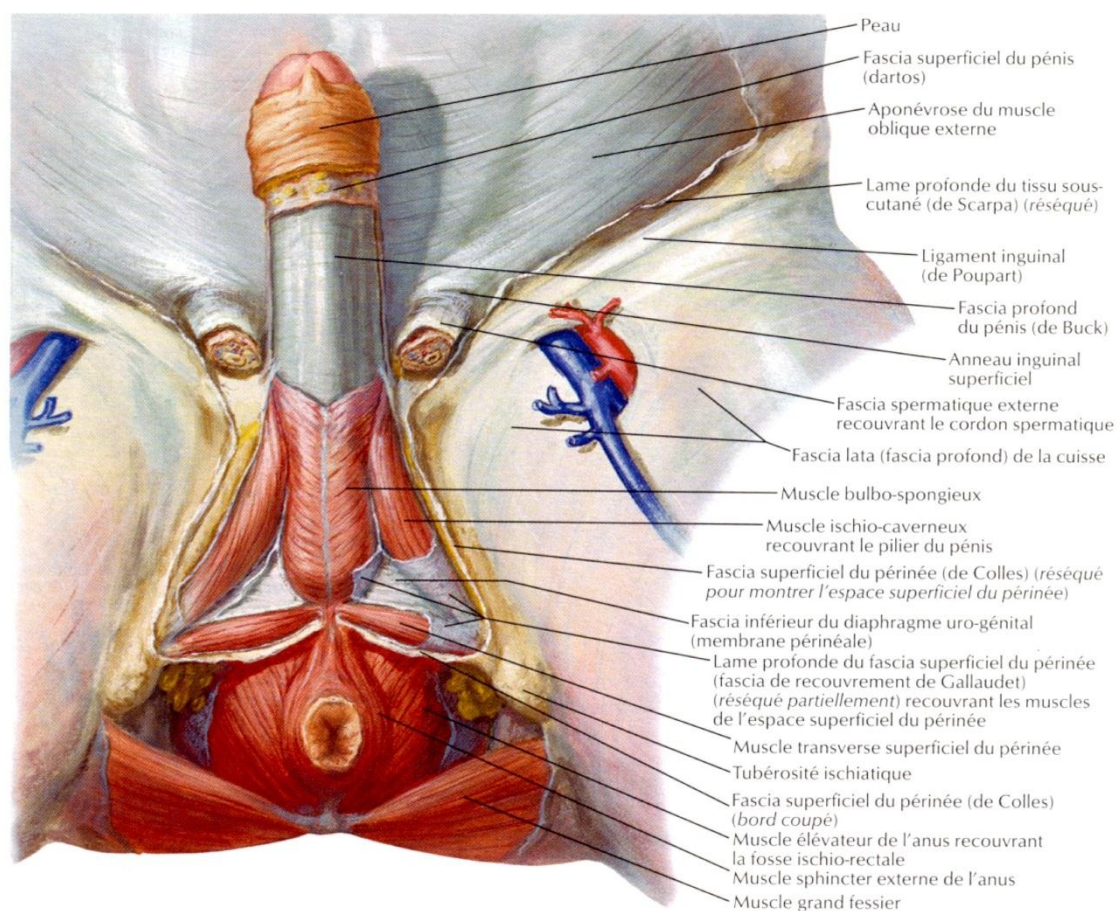






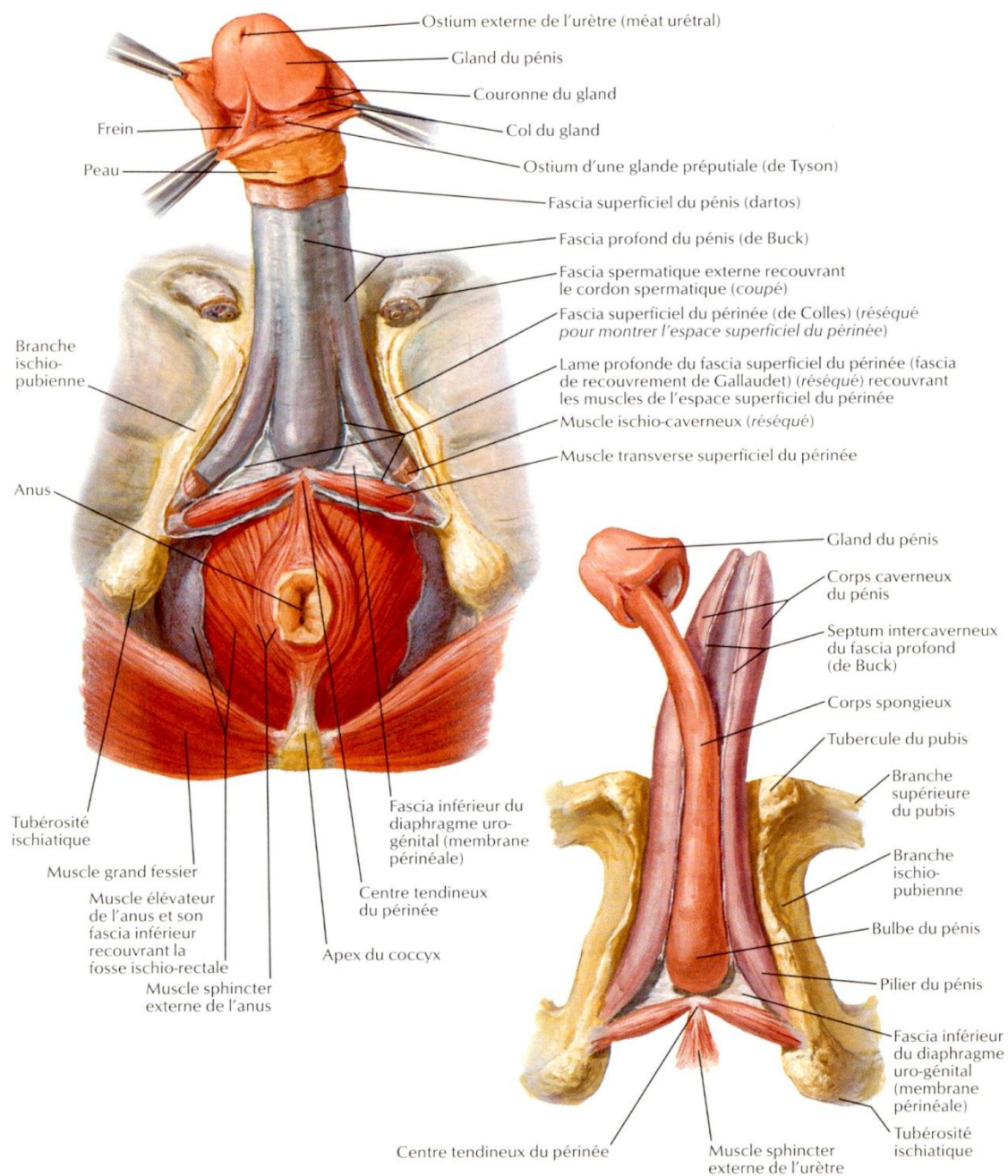
## d. Structures masculines

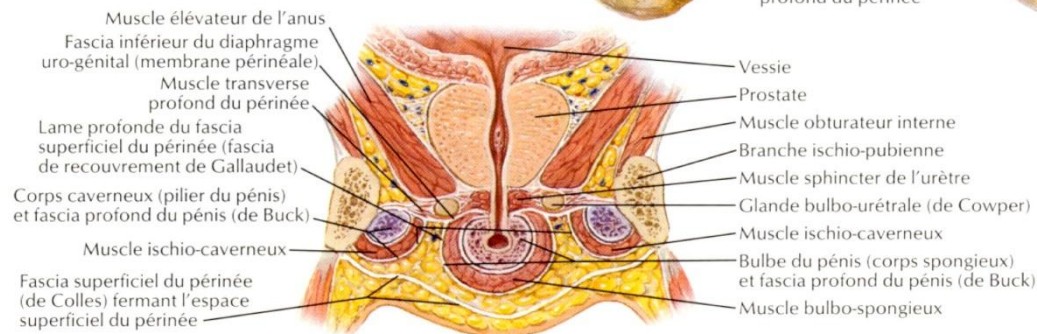
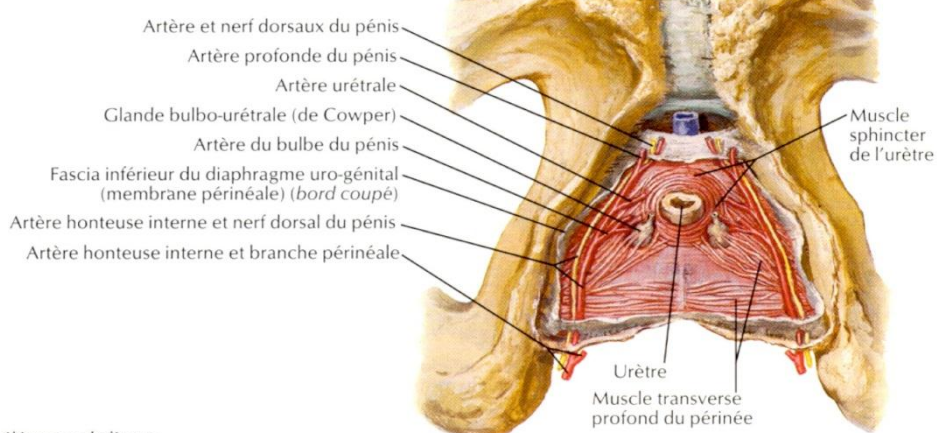
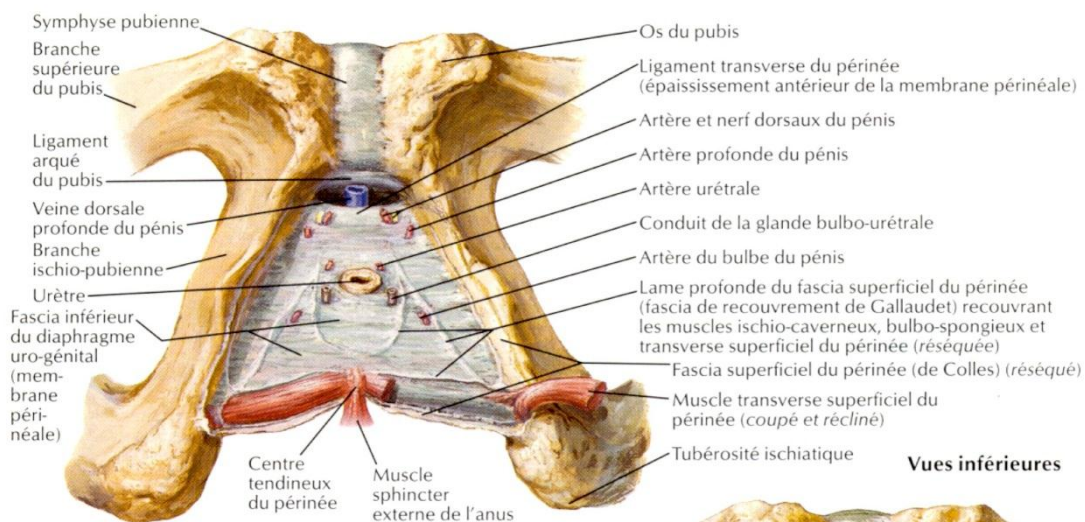




Coupe transversale du corps du pénis

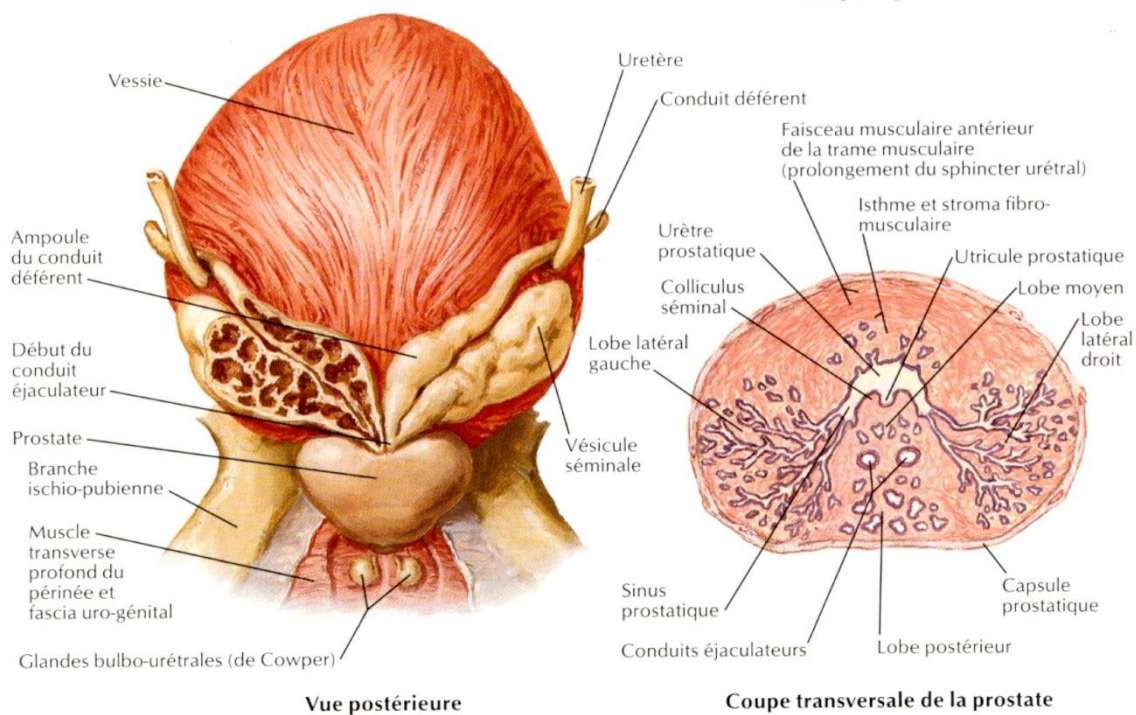
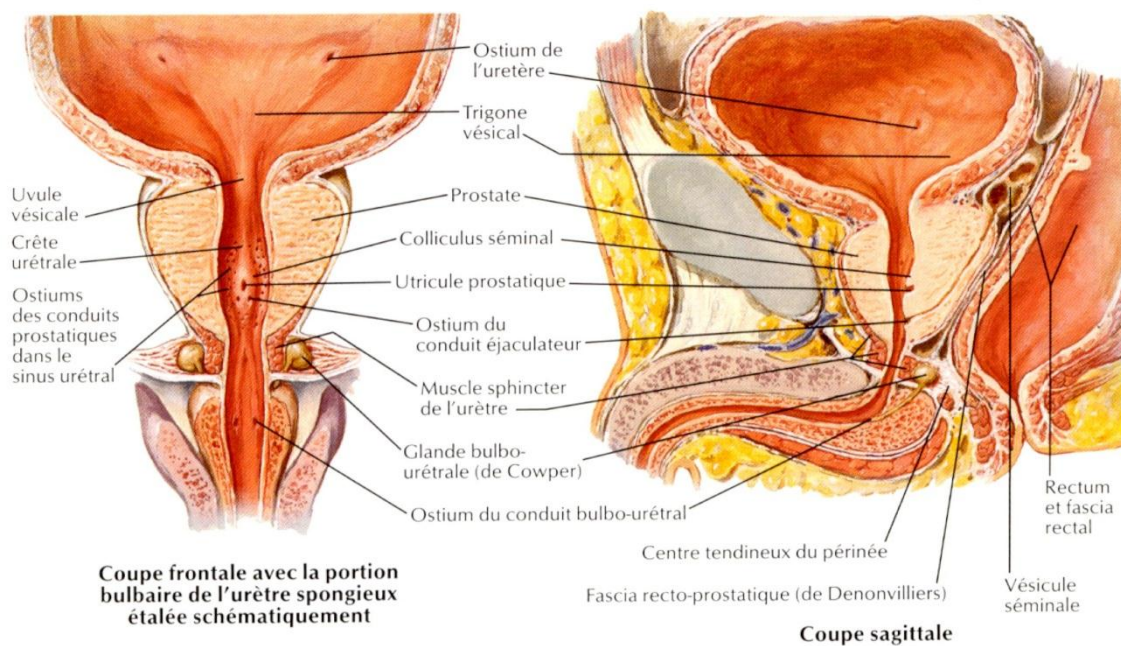


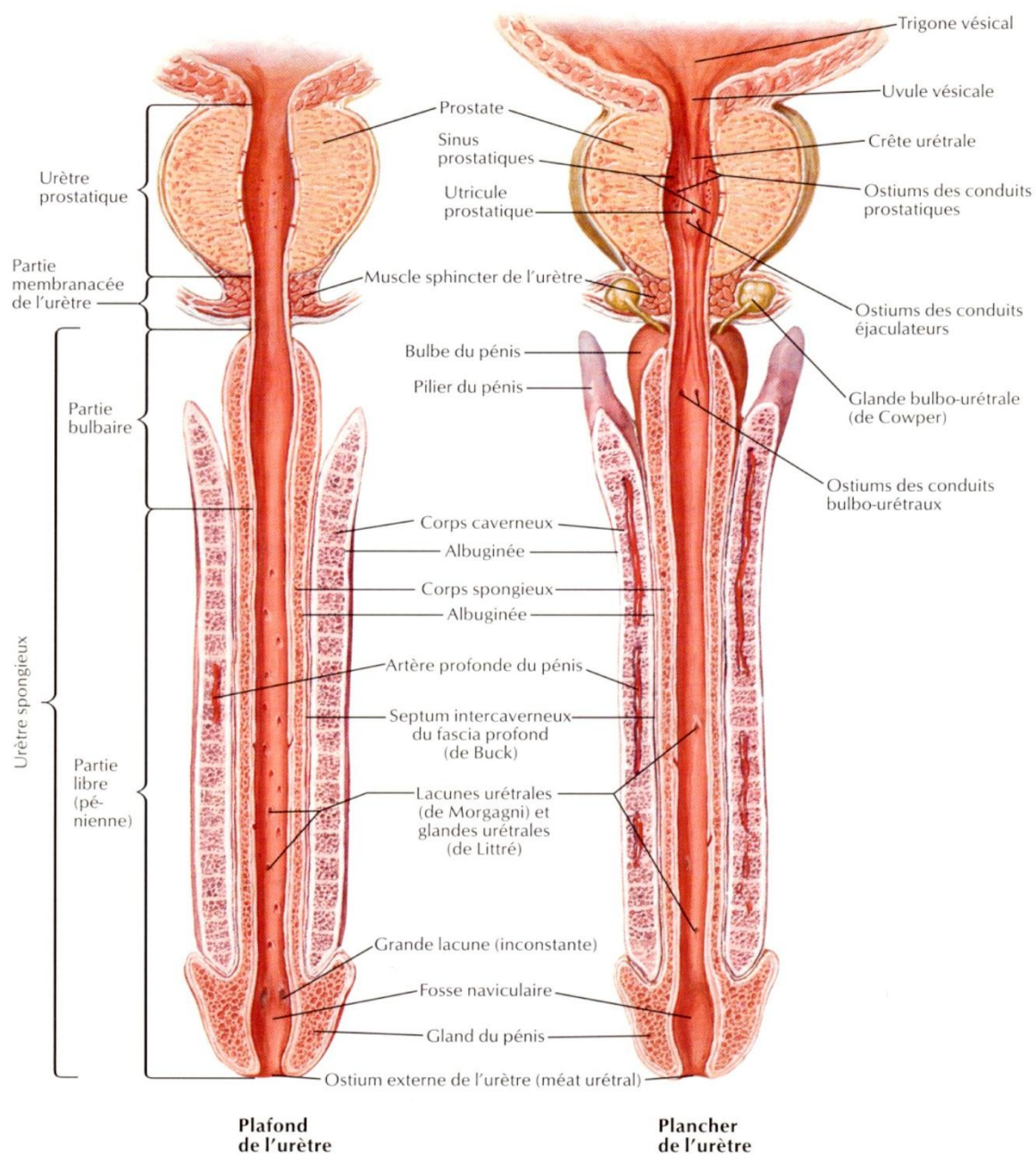




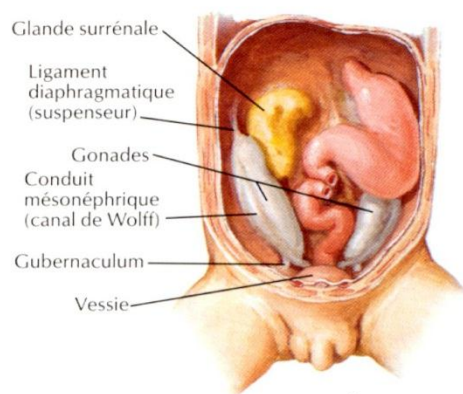
**Coupe frontale du périnée et de l'urètre : schéma**



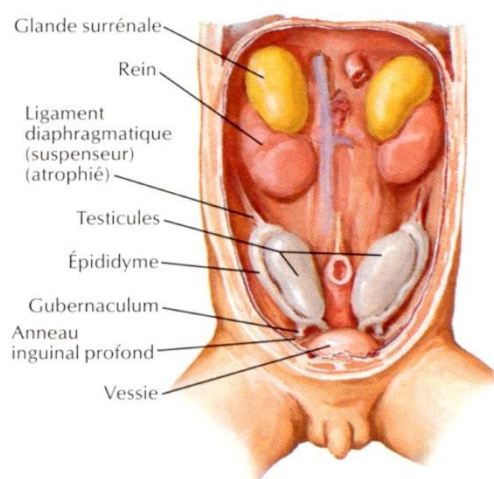




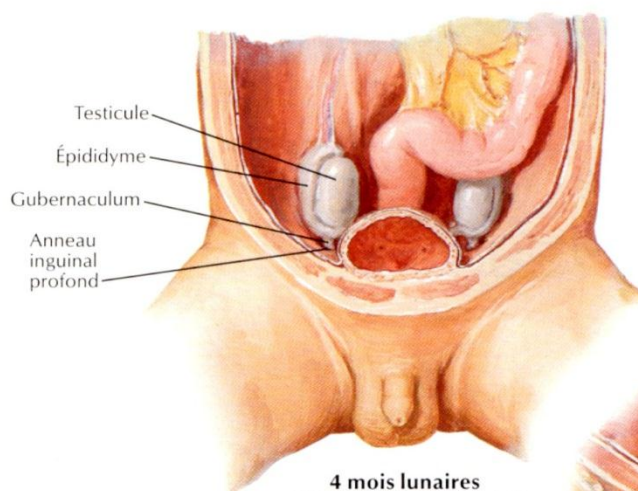




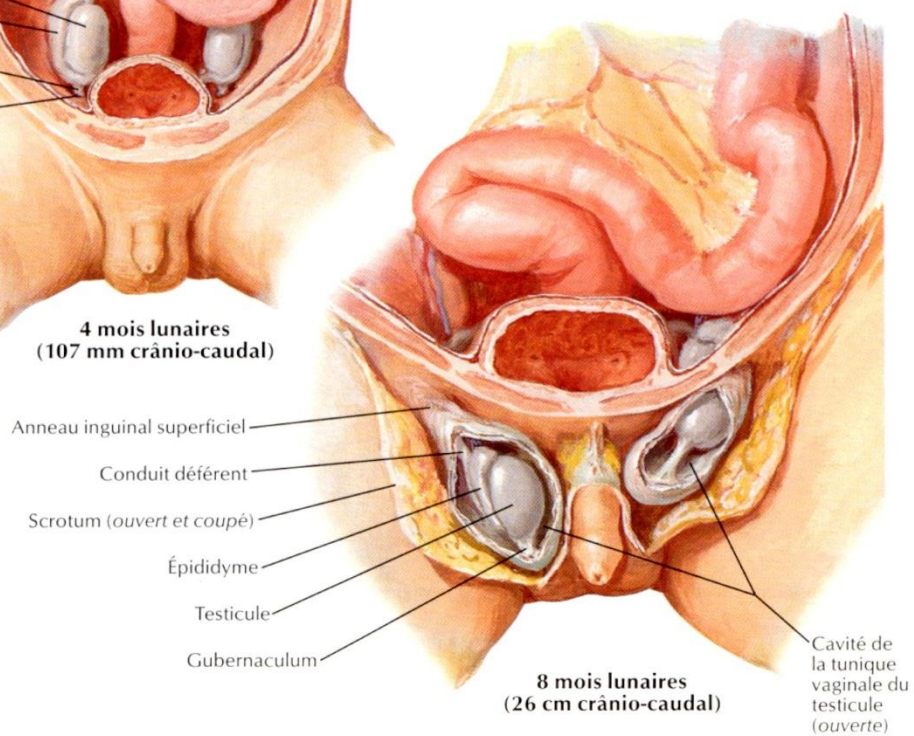
**8 semaines**  
(22,5 mm crânio-caudal)



**11 semaines**  
(43 mm crânio-caudal)

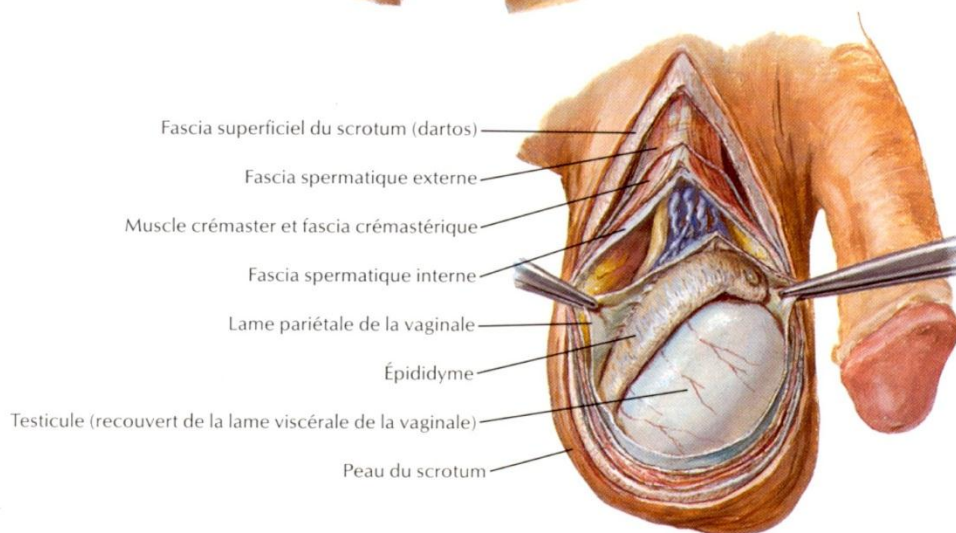
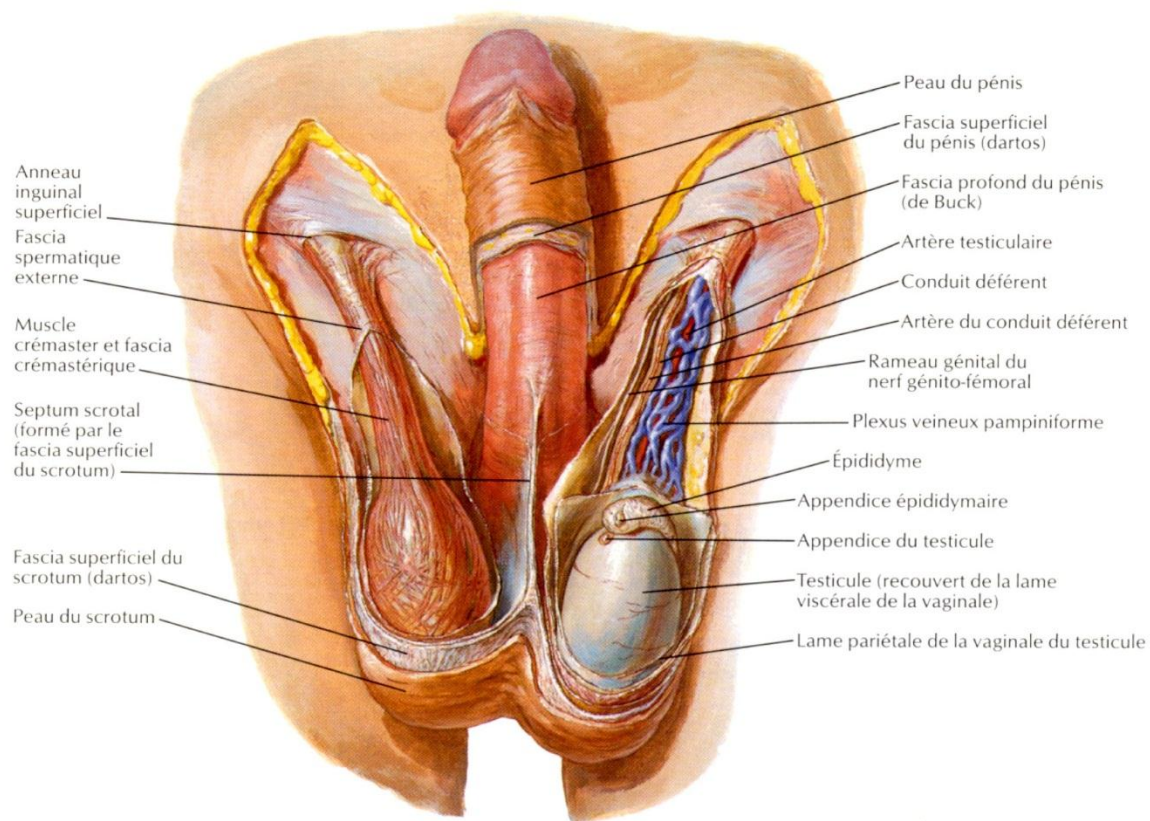


**4 mois lunaires**  
(107 mm crânio-caudal)

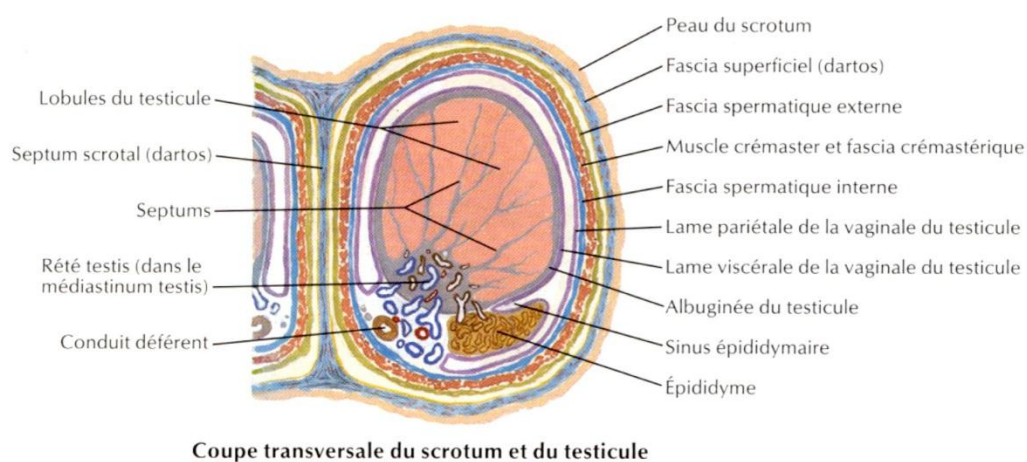
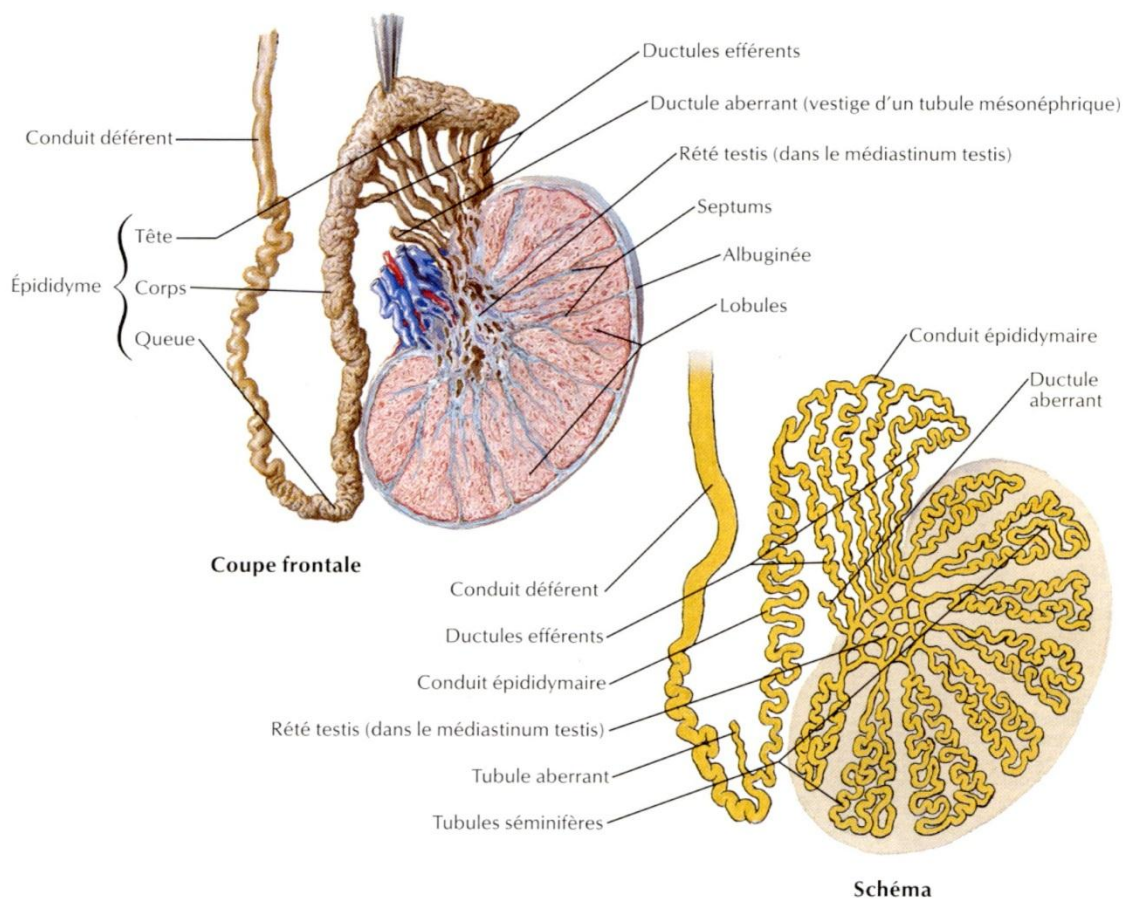


**8 mois lunaires**  
(26 cm crânio-caudal)

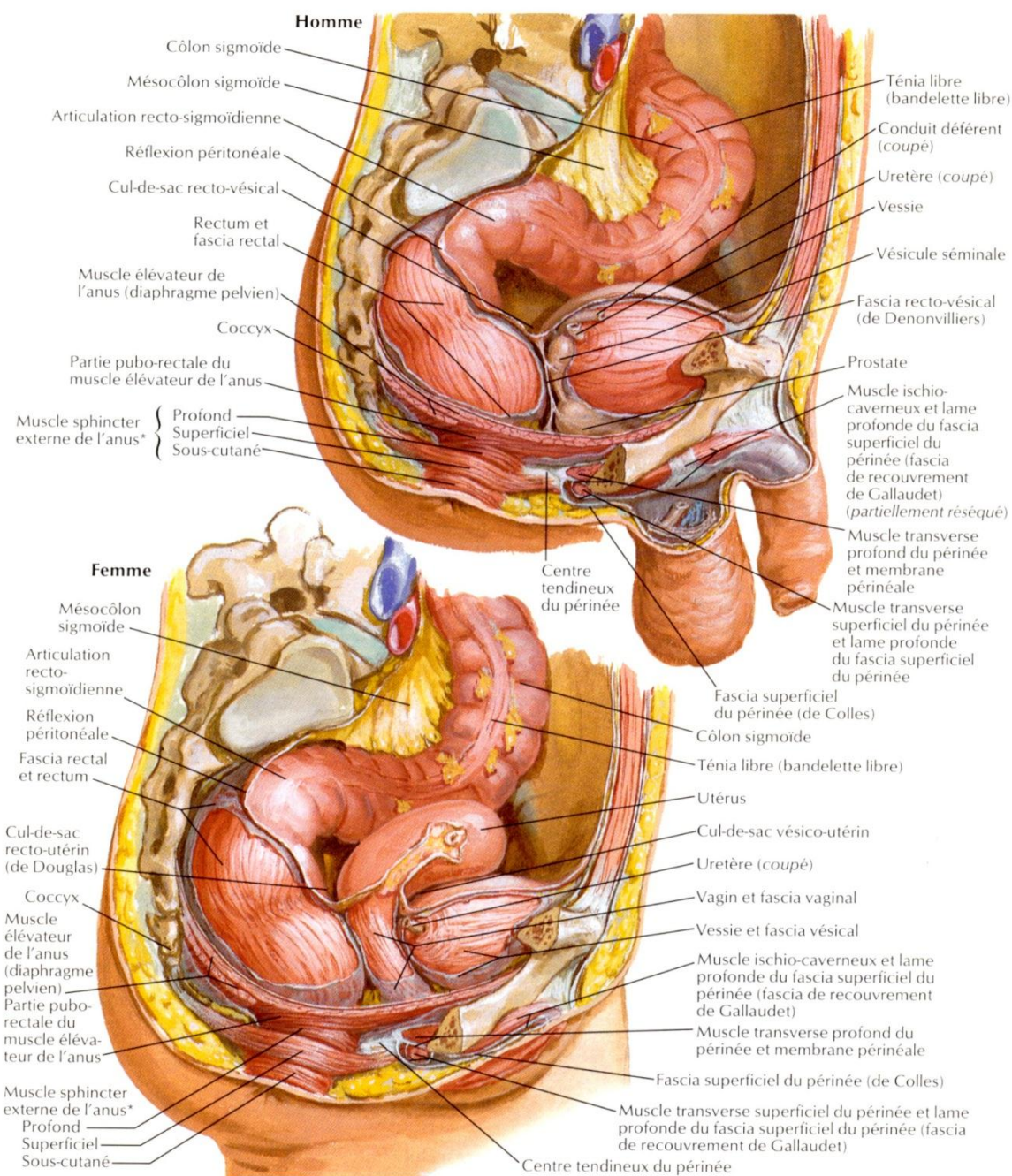
Cavité de la tunique vaginale du testicule (ouverte)



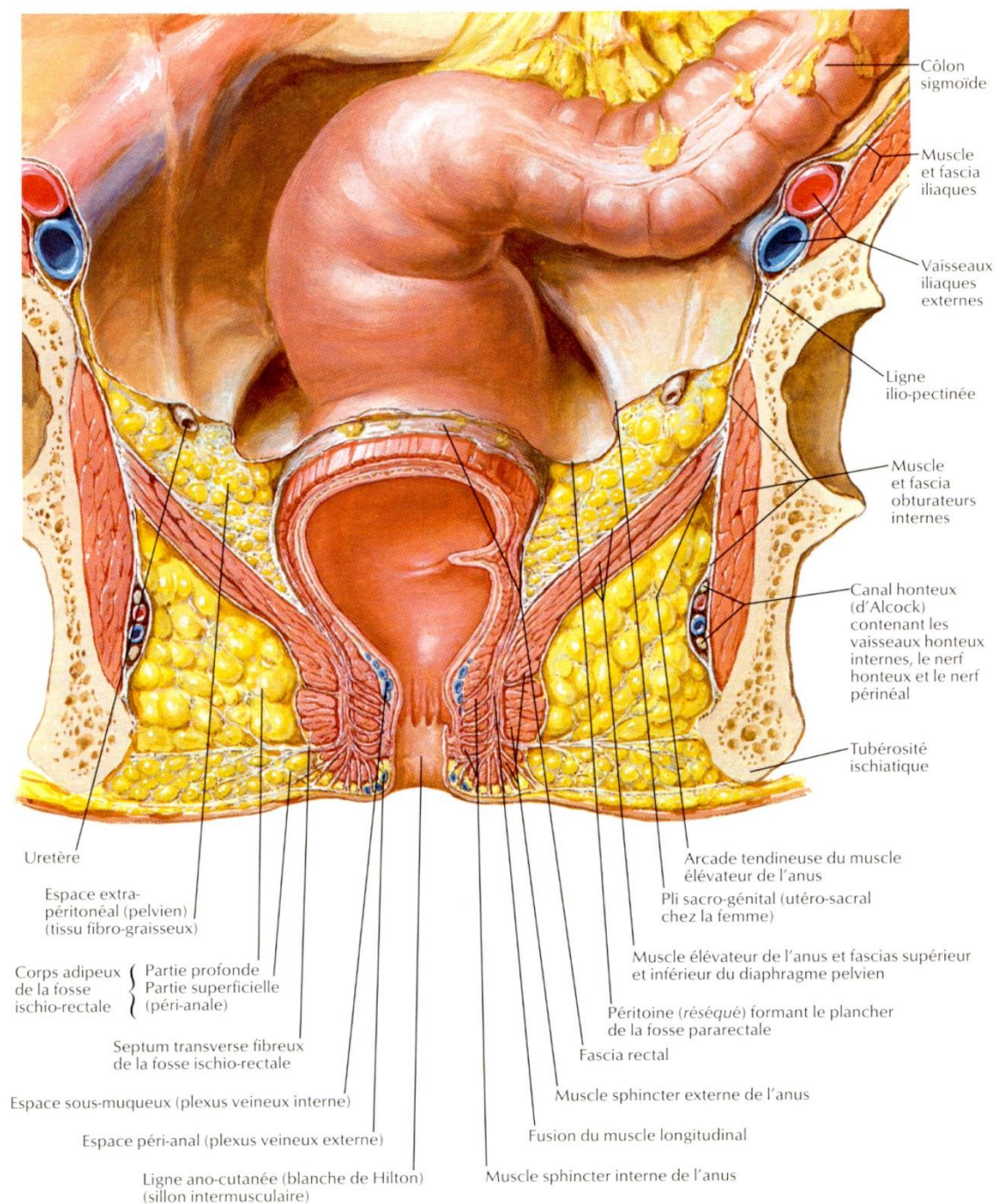


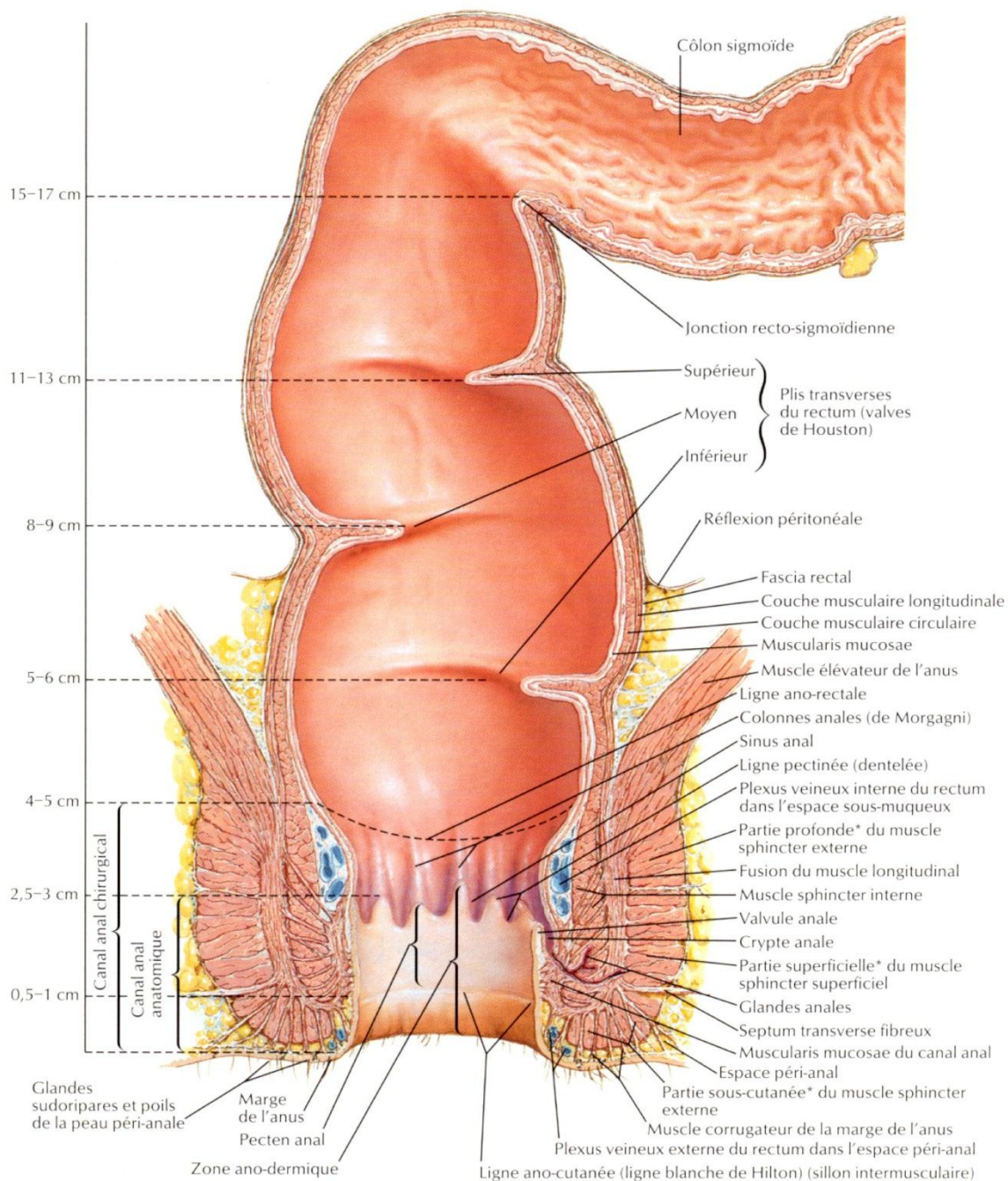


## e. Rectum









\* Parties variables et souvent indistinctes



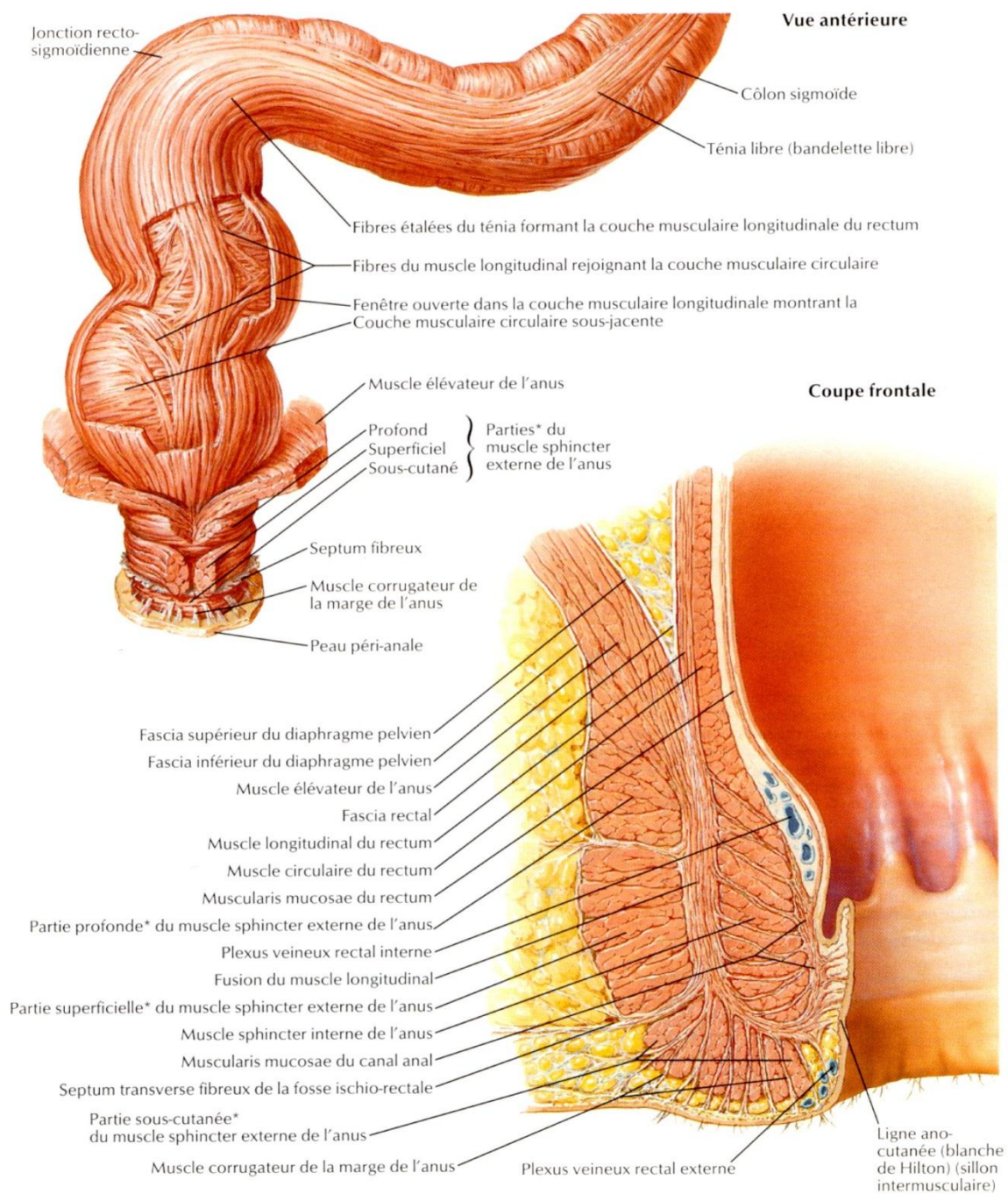
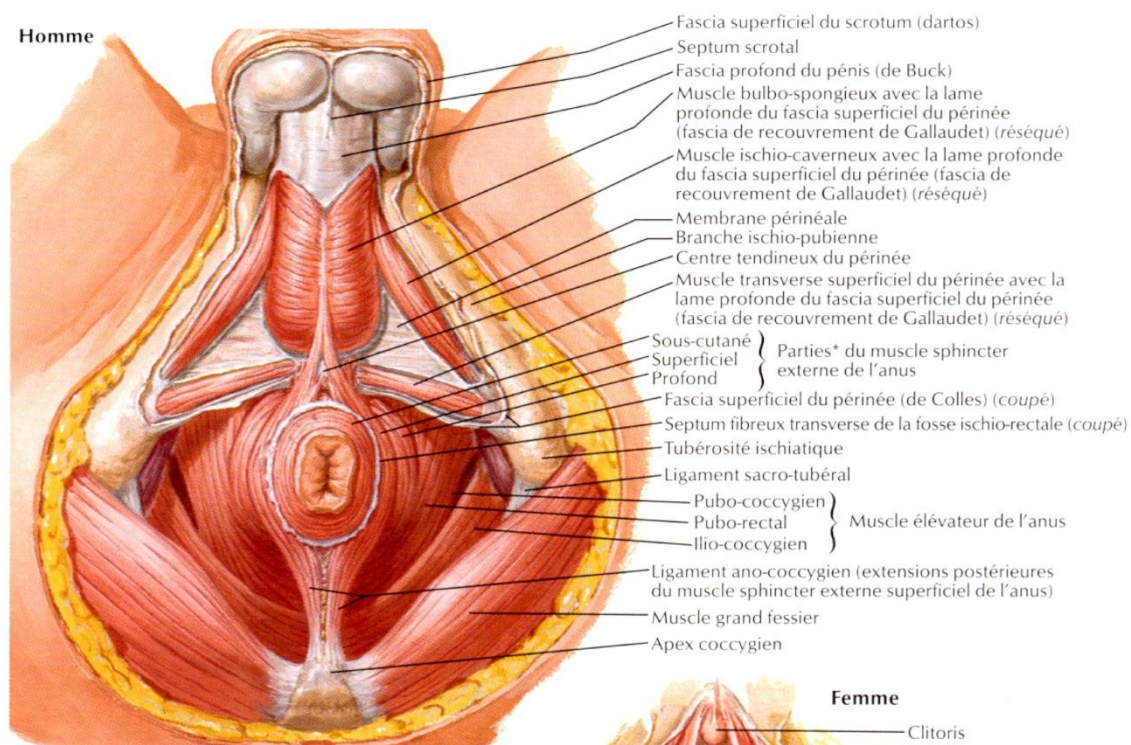
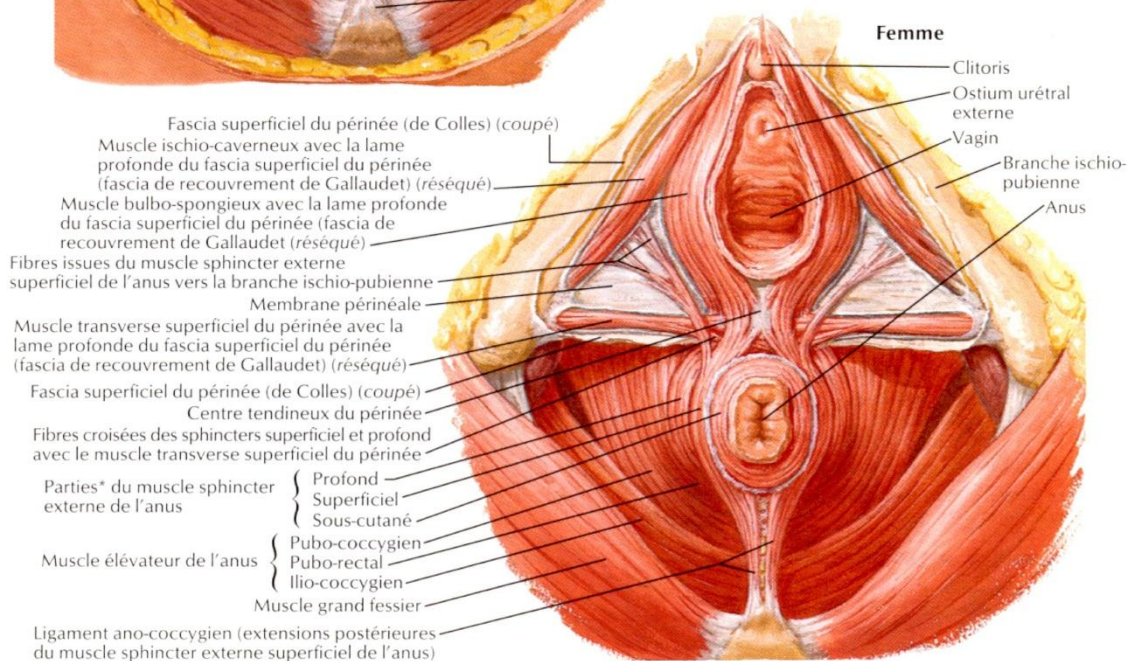


Fig. 10.10. Anatomie du rectum et de l'anus.

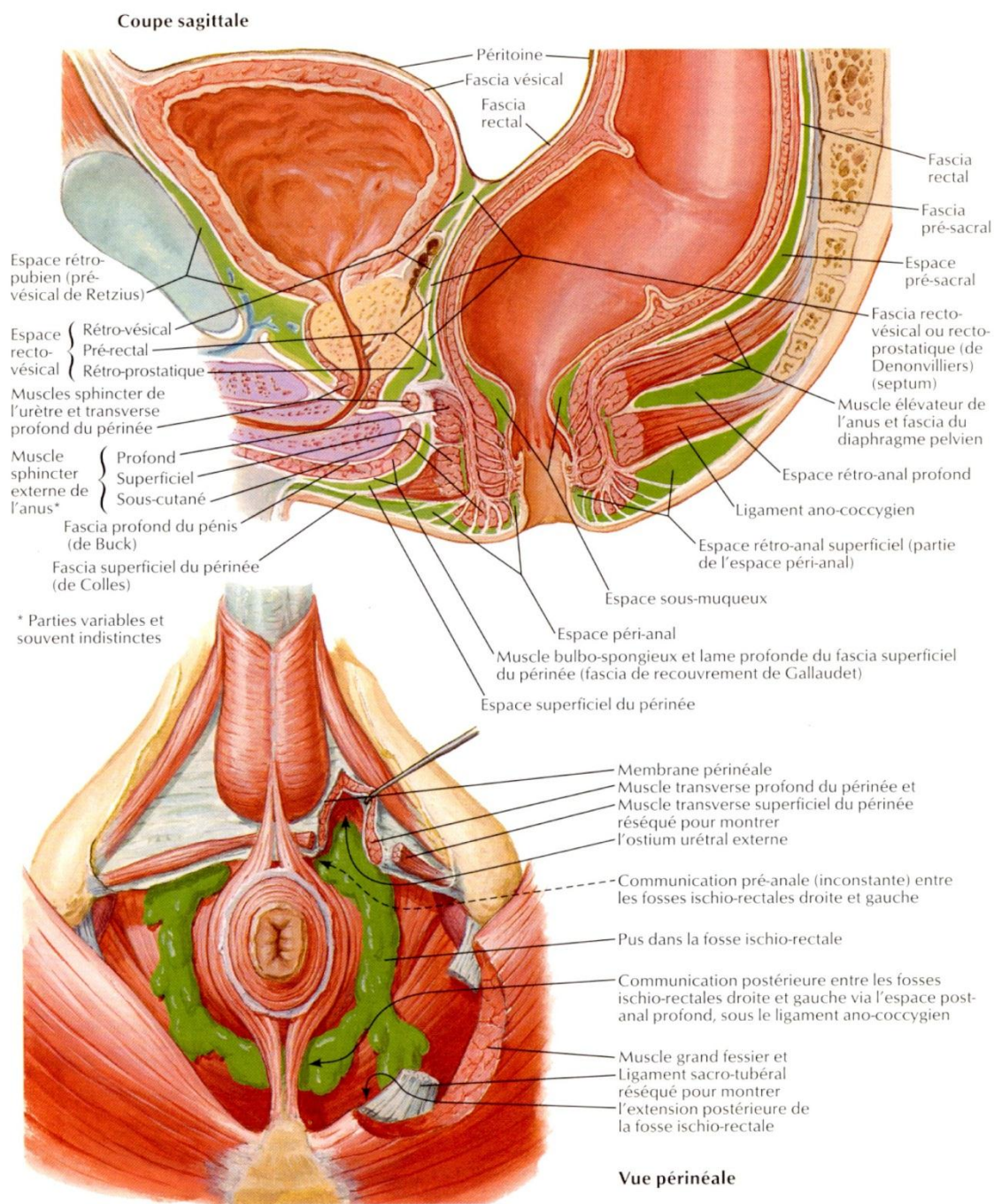
## Homme



## Femme

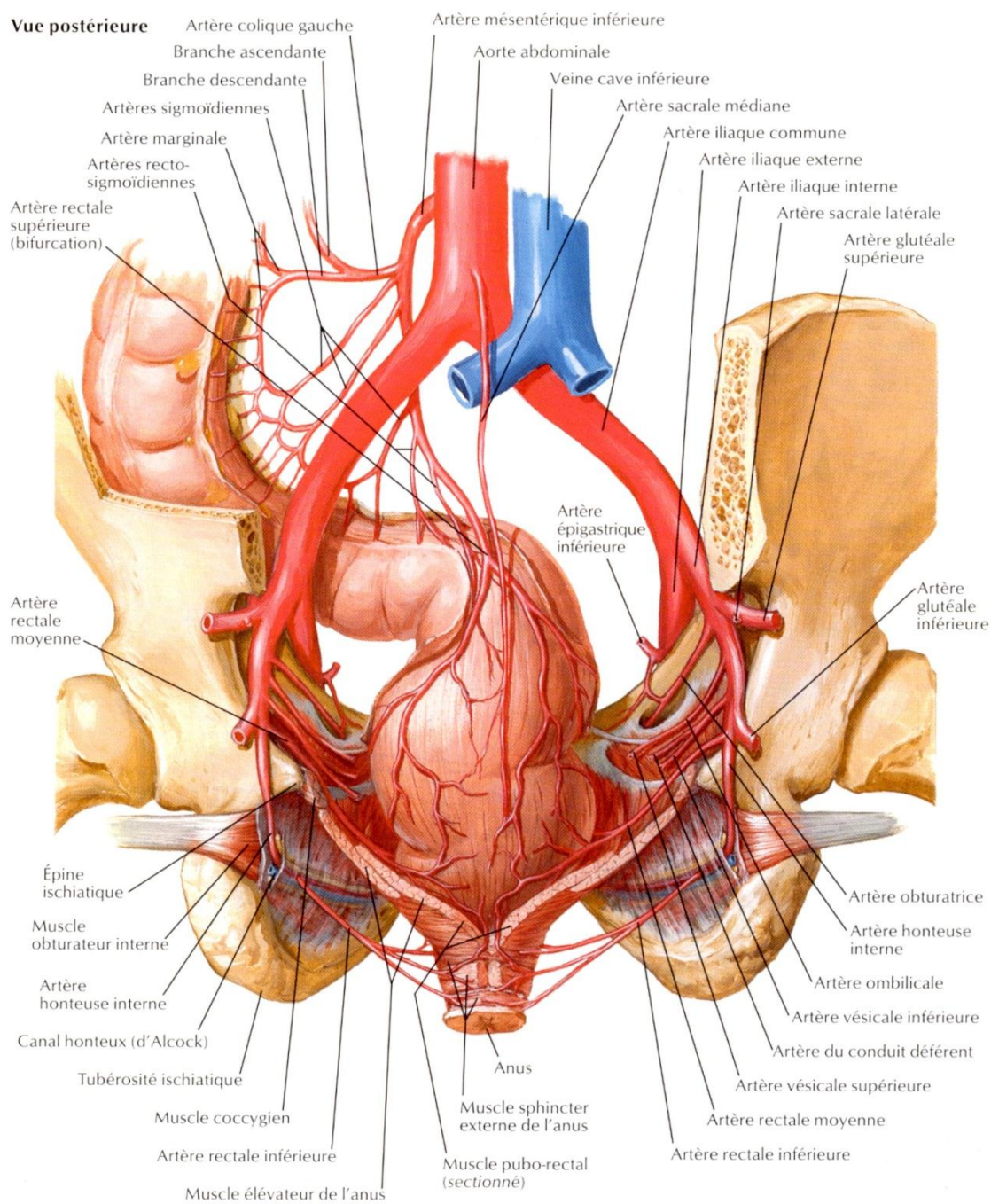






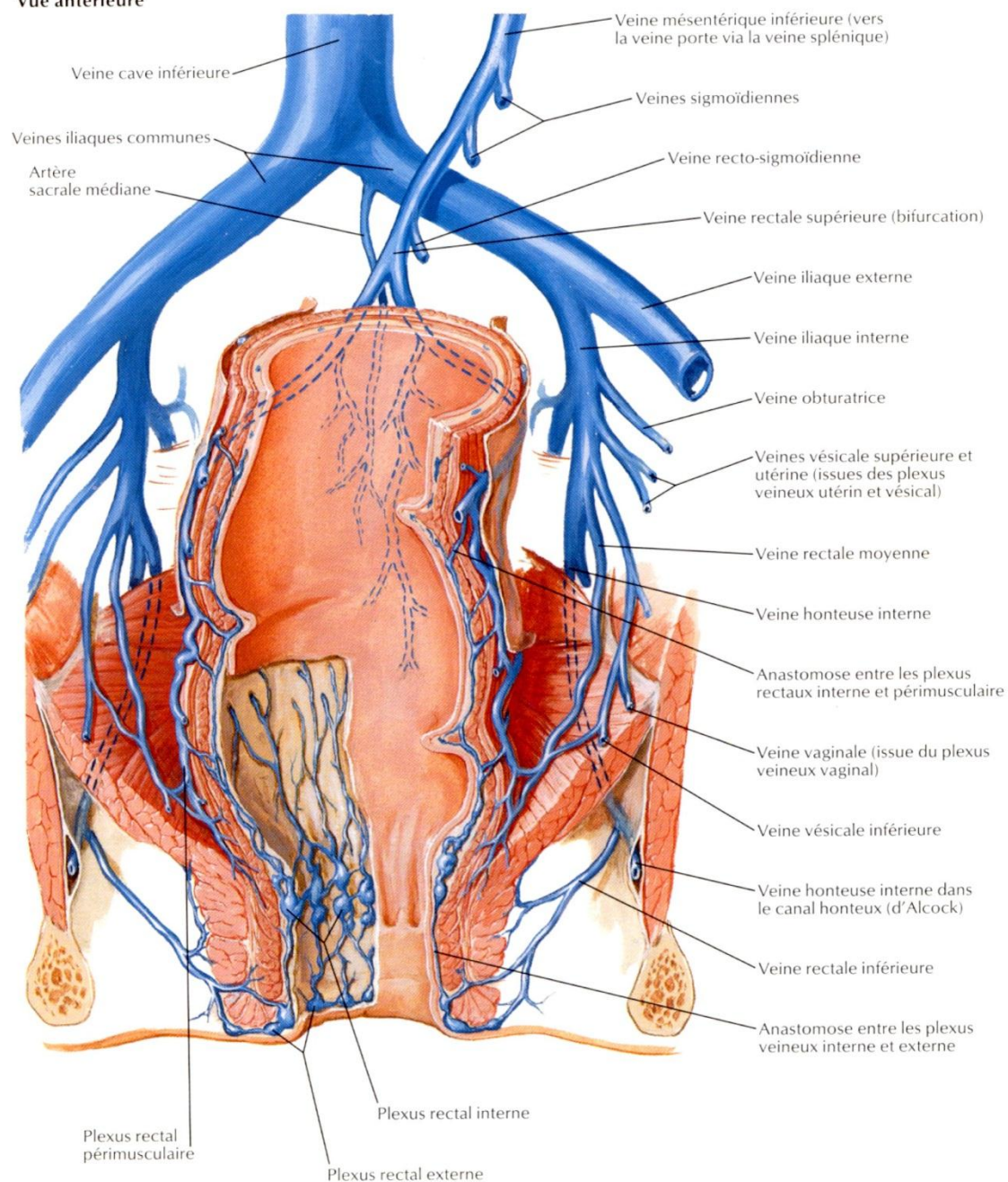
Diffusion de l'abcès périnéal dans les espaces périnéaux

## f. Vascularisation

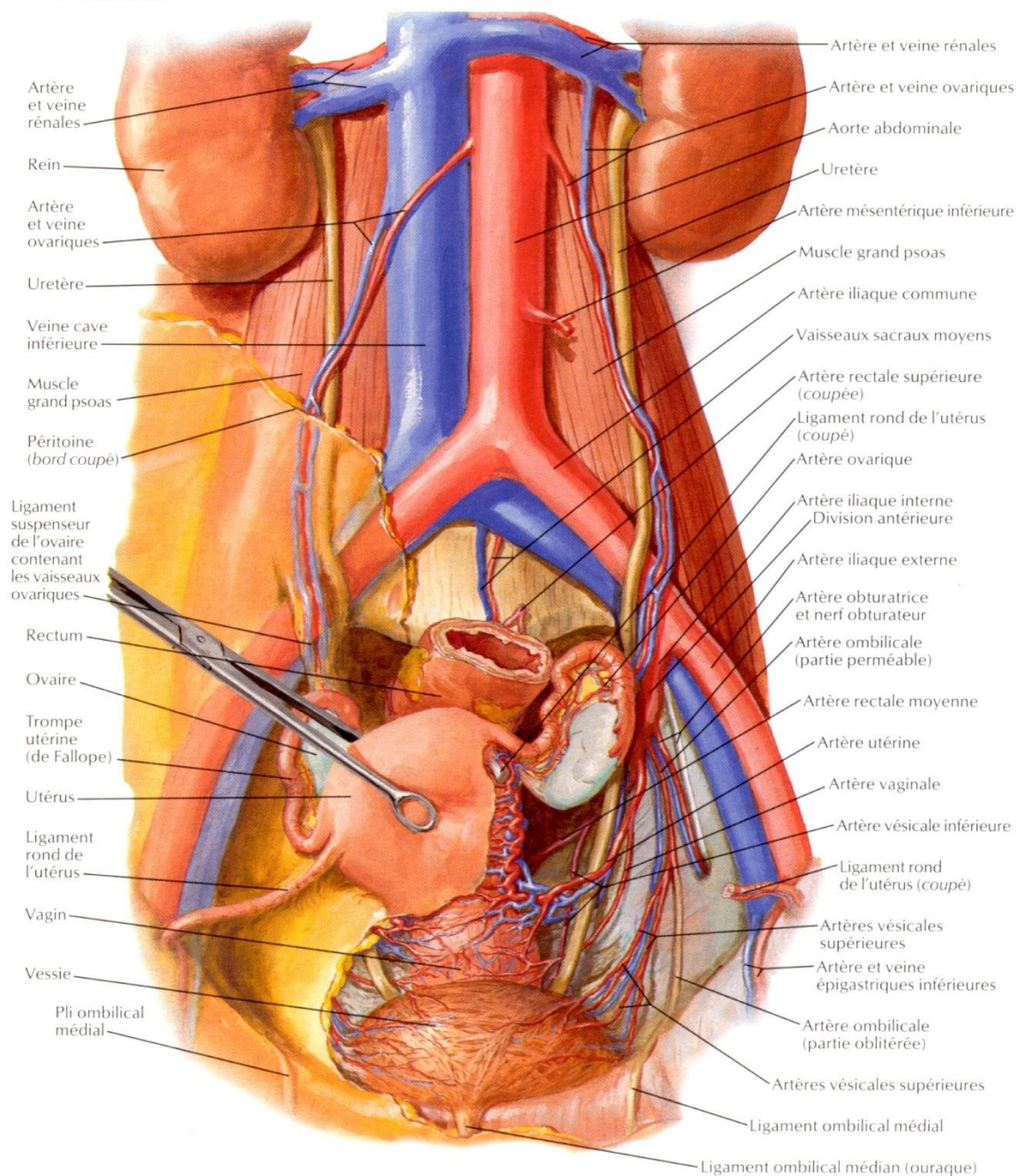




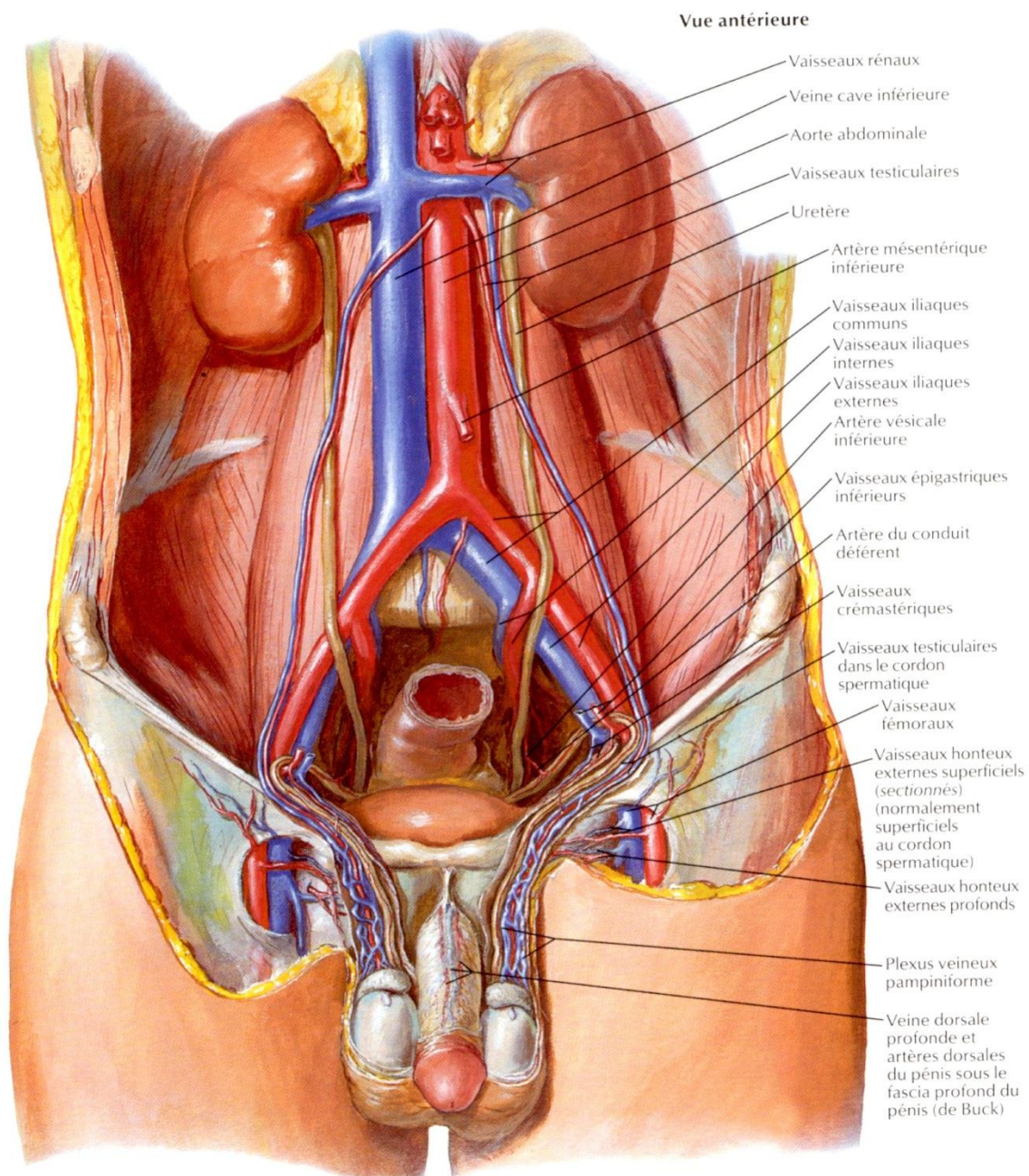
## Vue antérieure

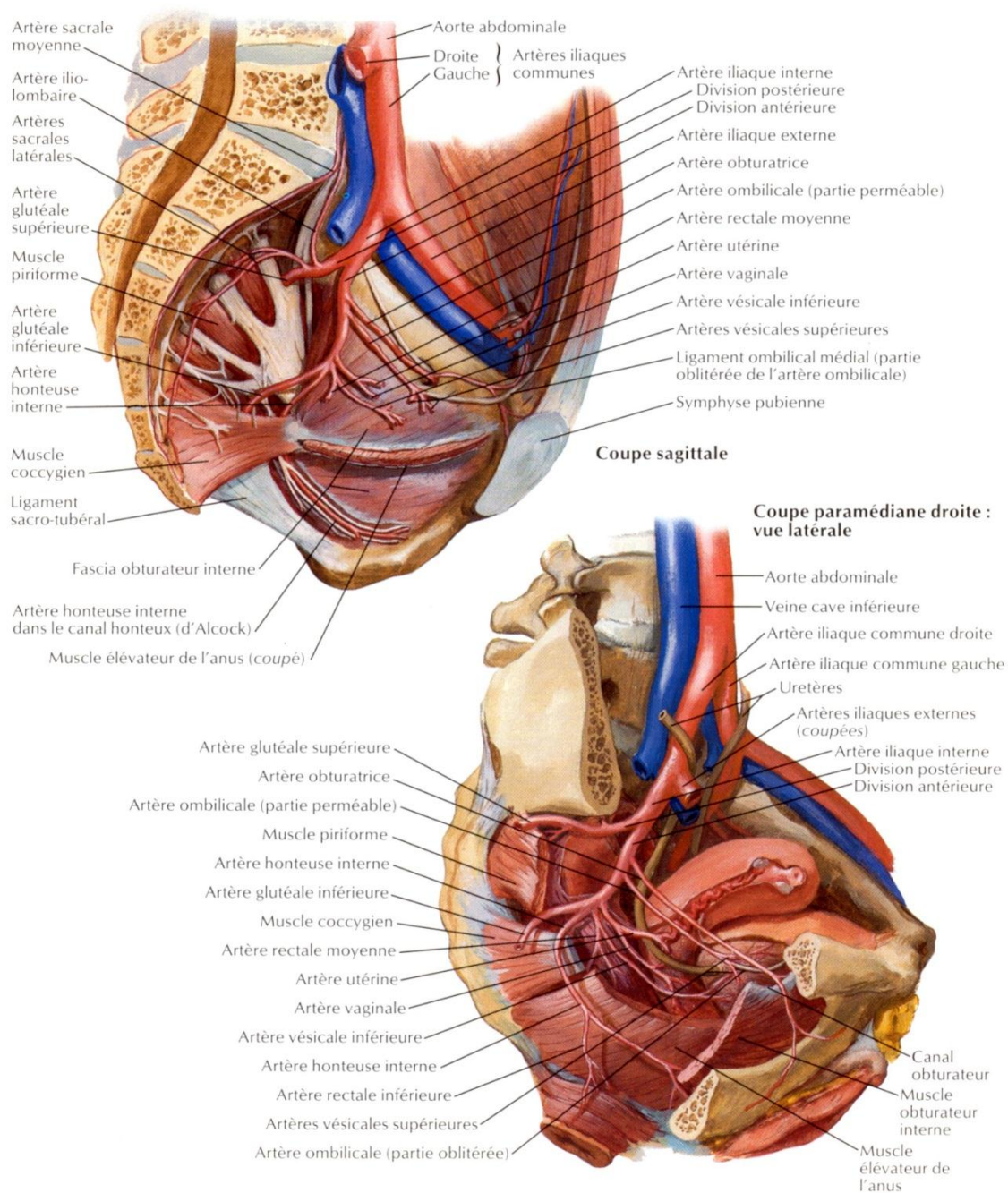


## Vue antérieure



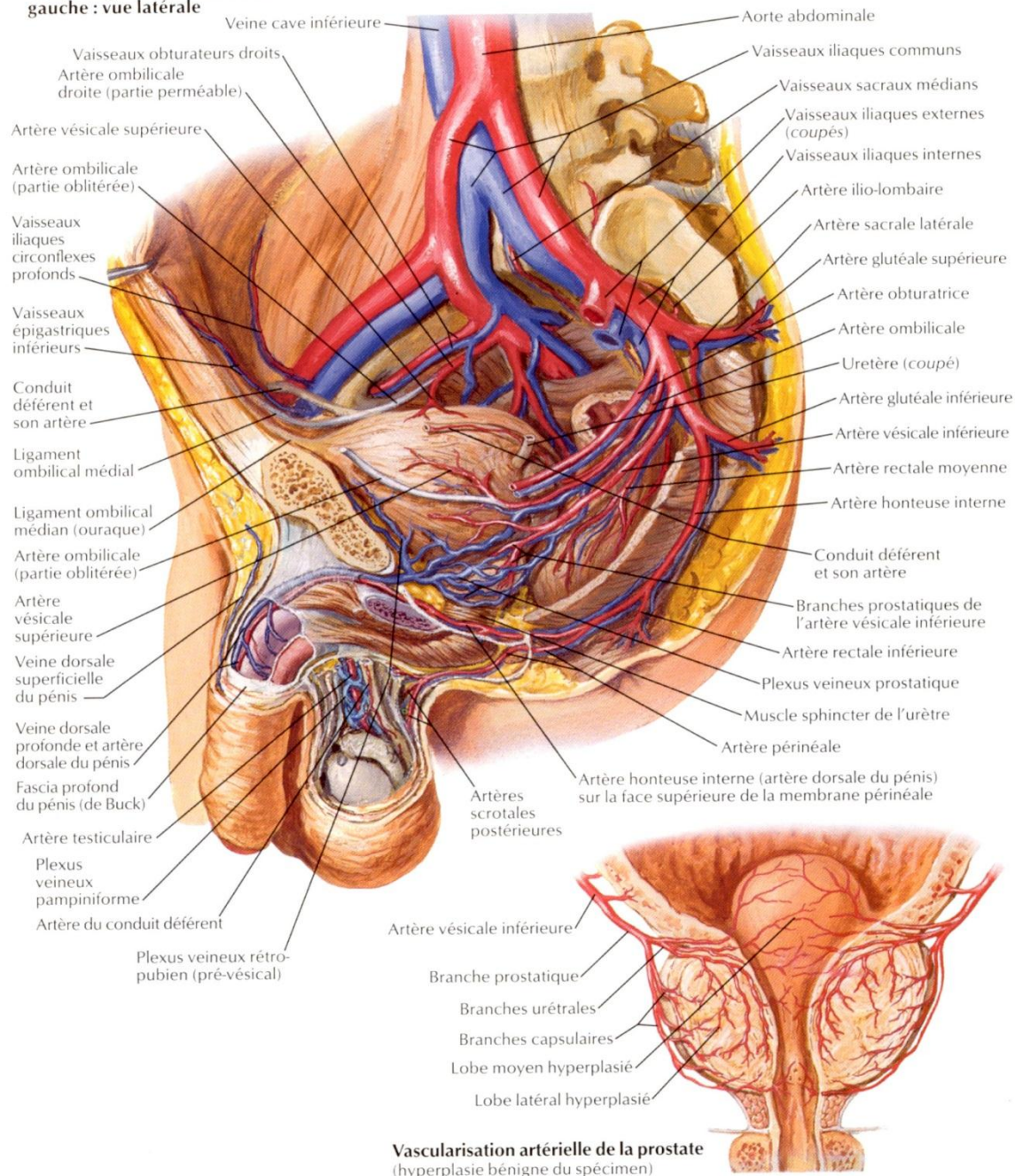




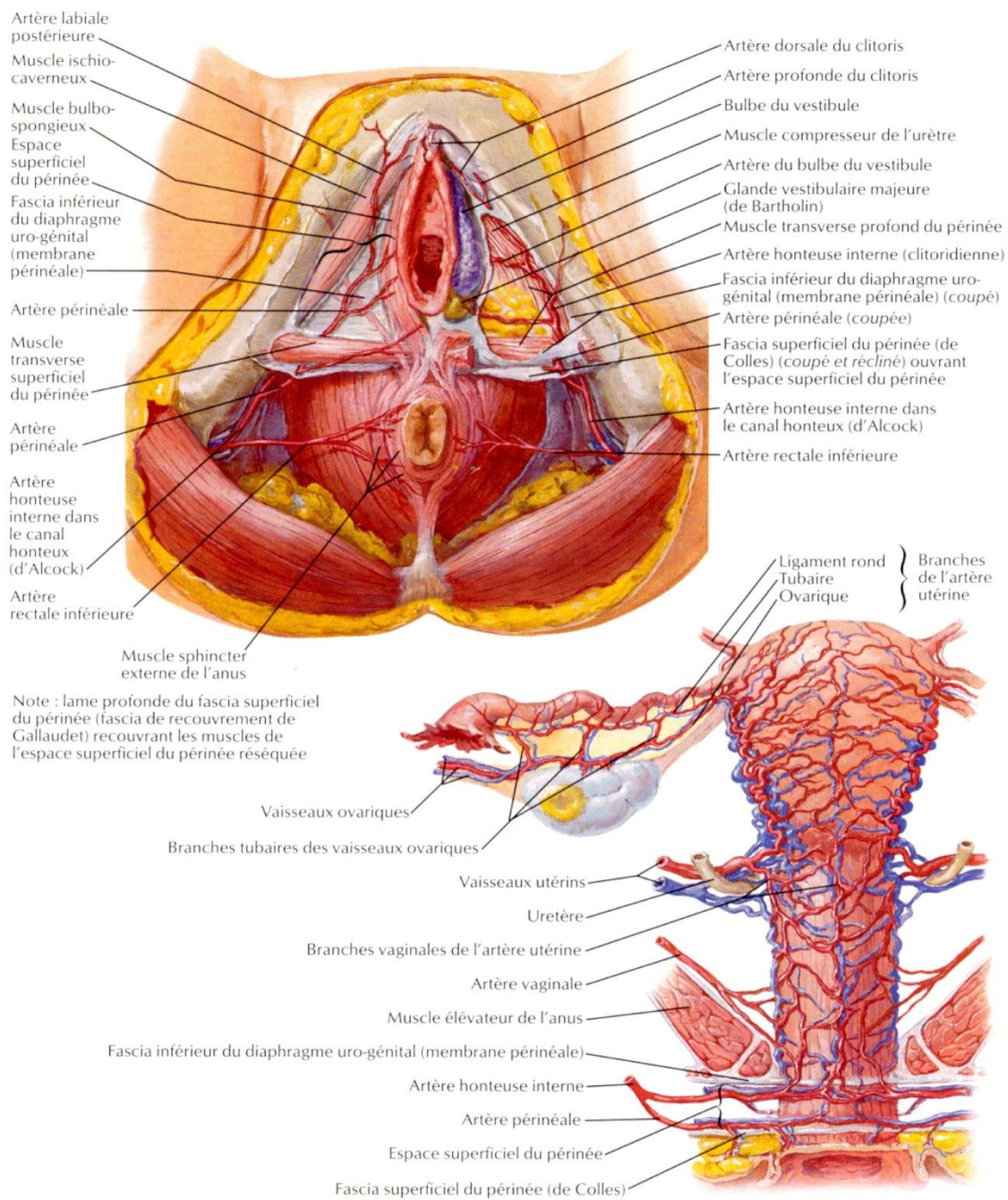




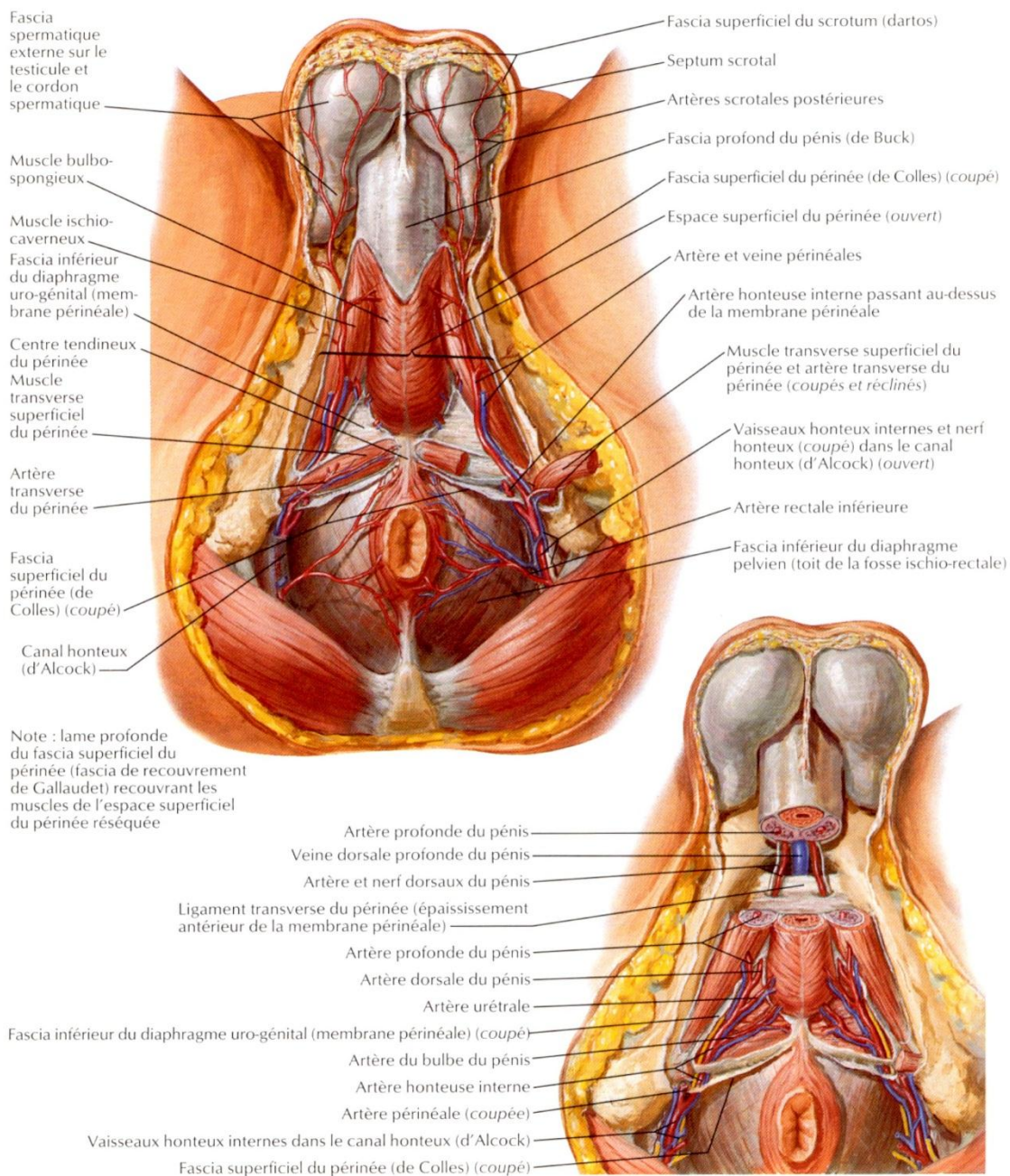
**Coupe sagittale paramédiane  
gauche : vue latérale**

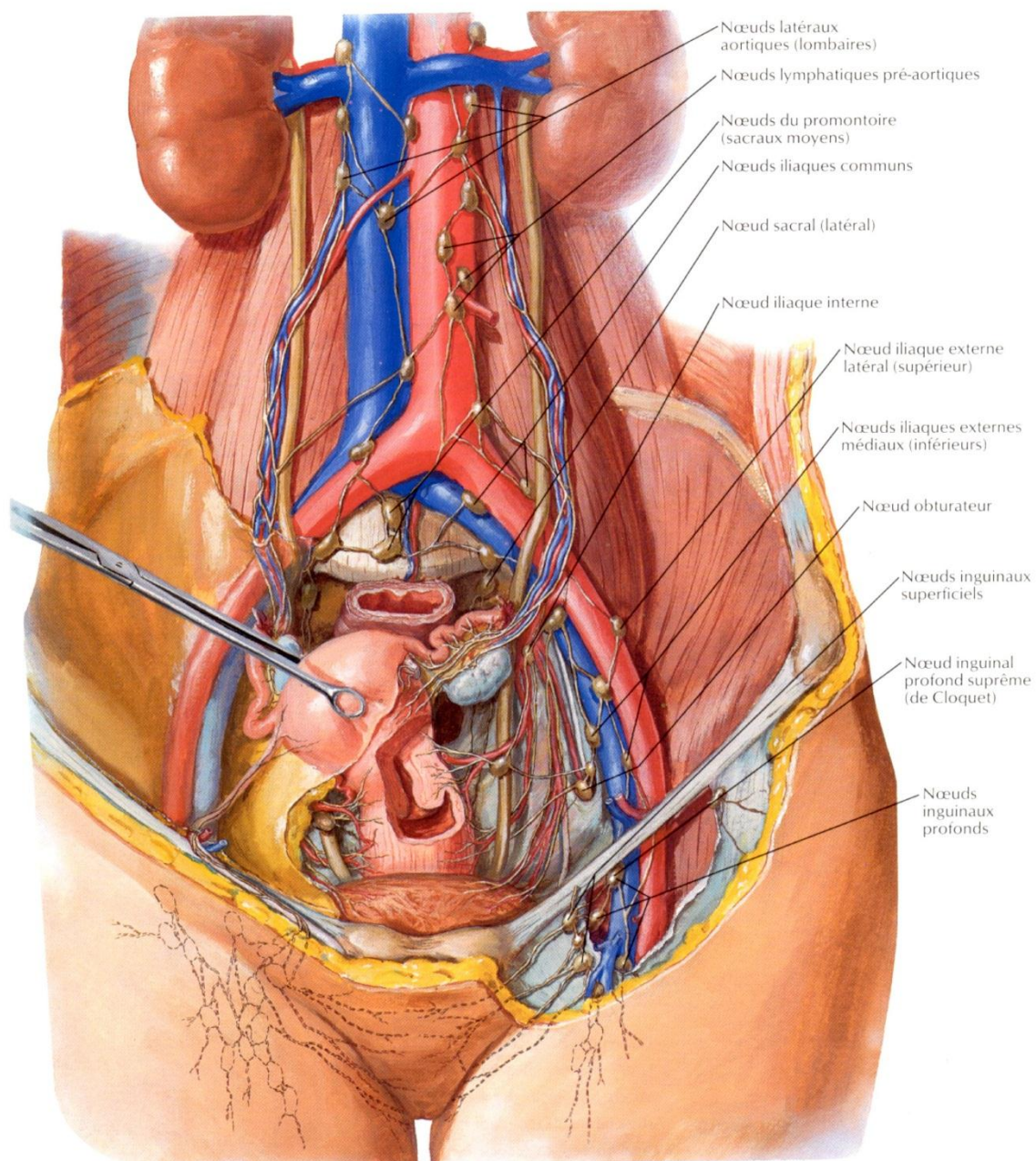


**Vascularisation artérielle de la prostate**  
(hyperplasie bénigne du spécimen)

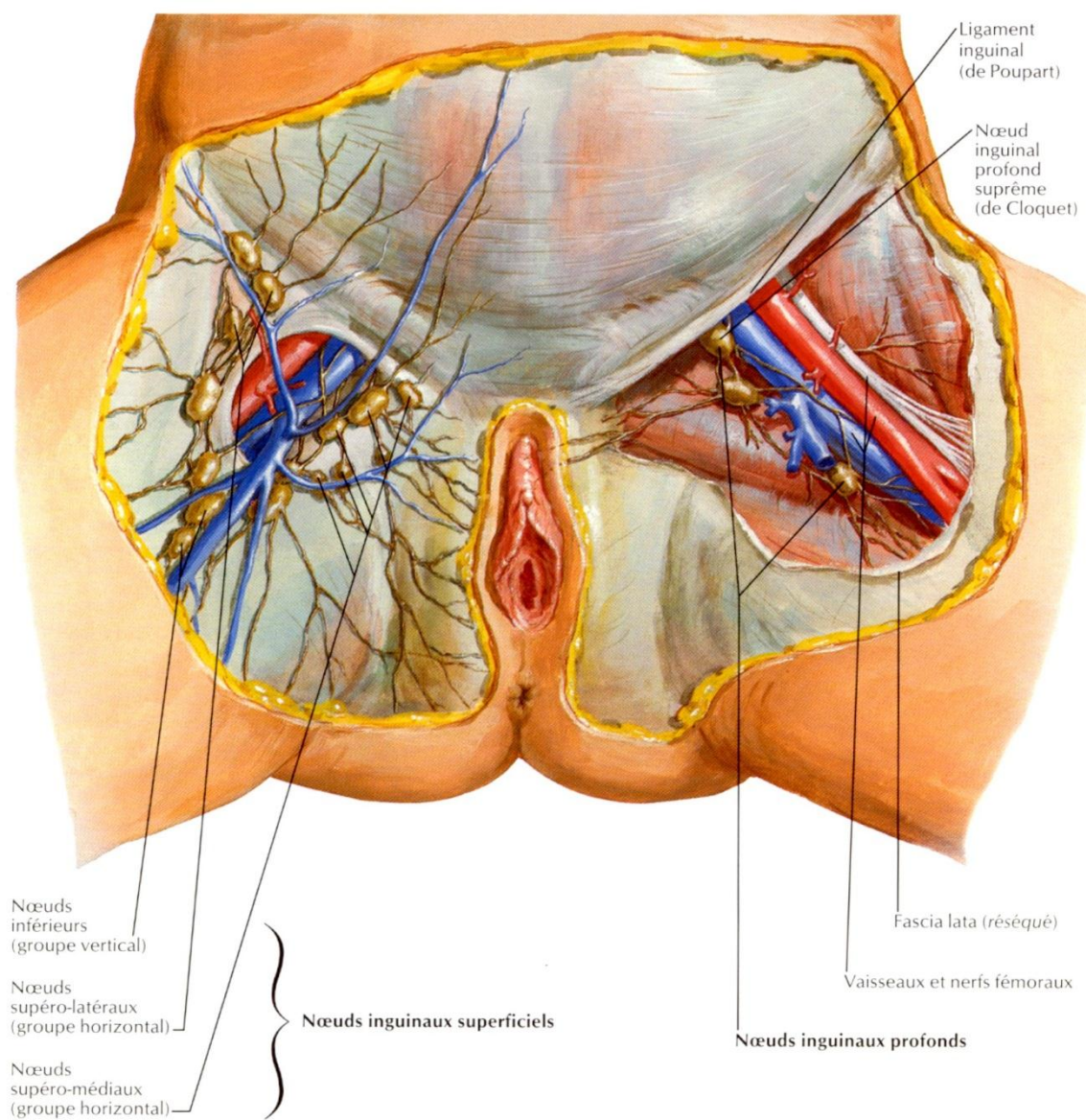


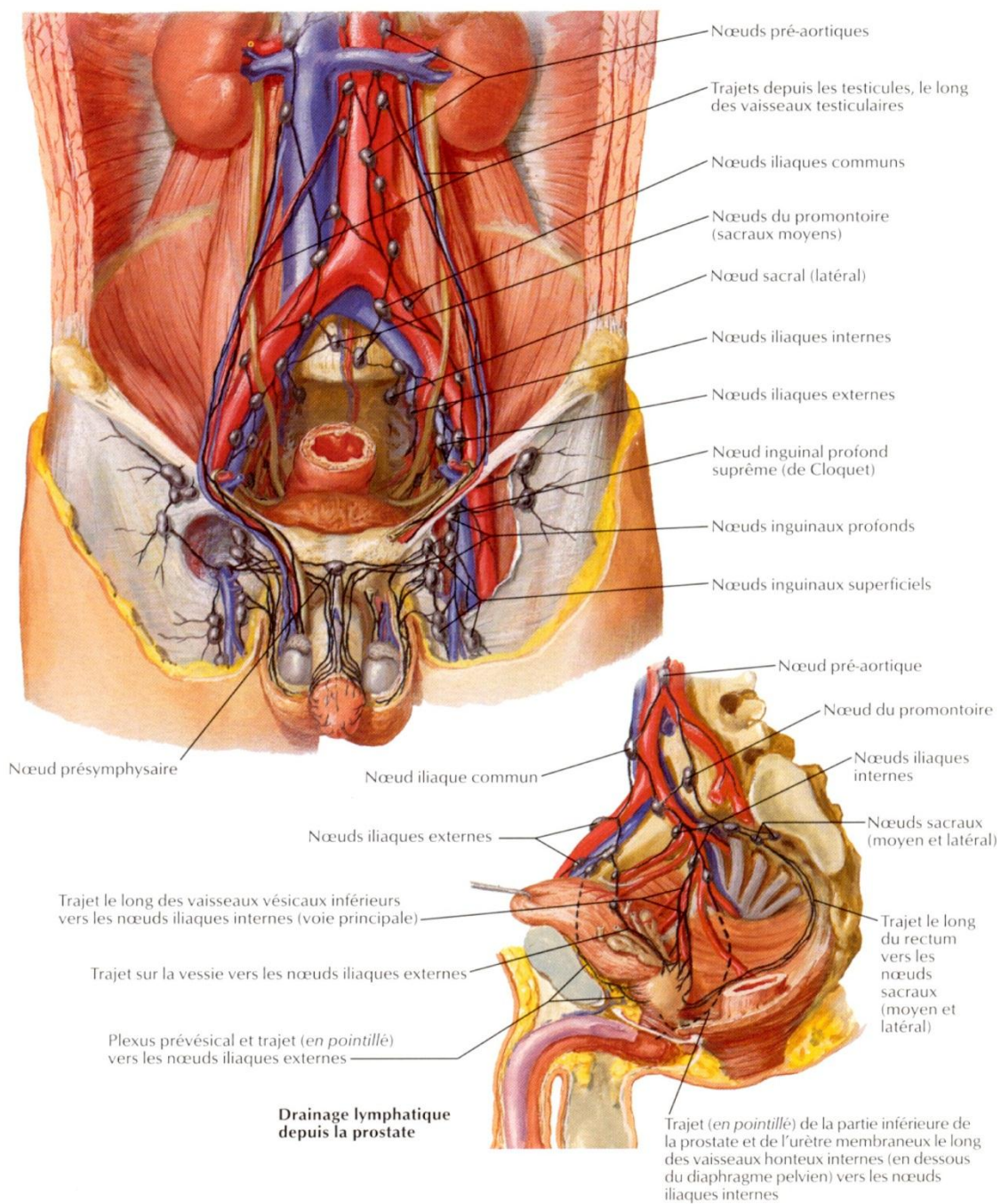






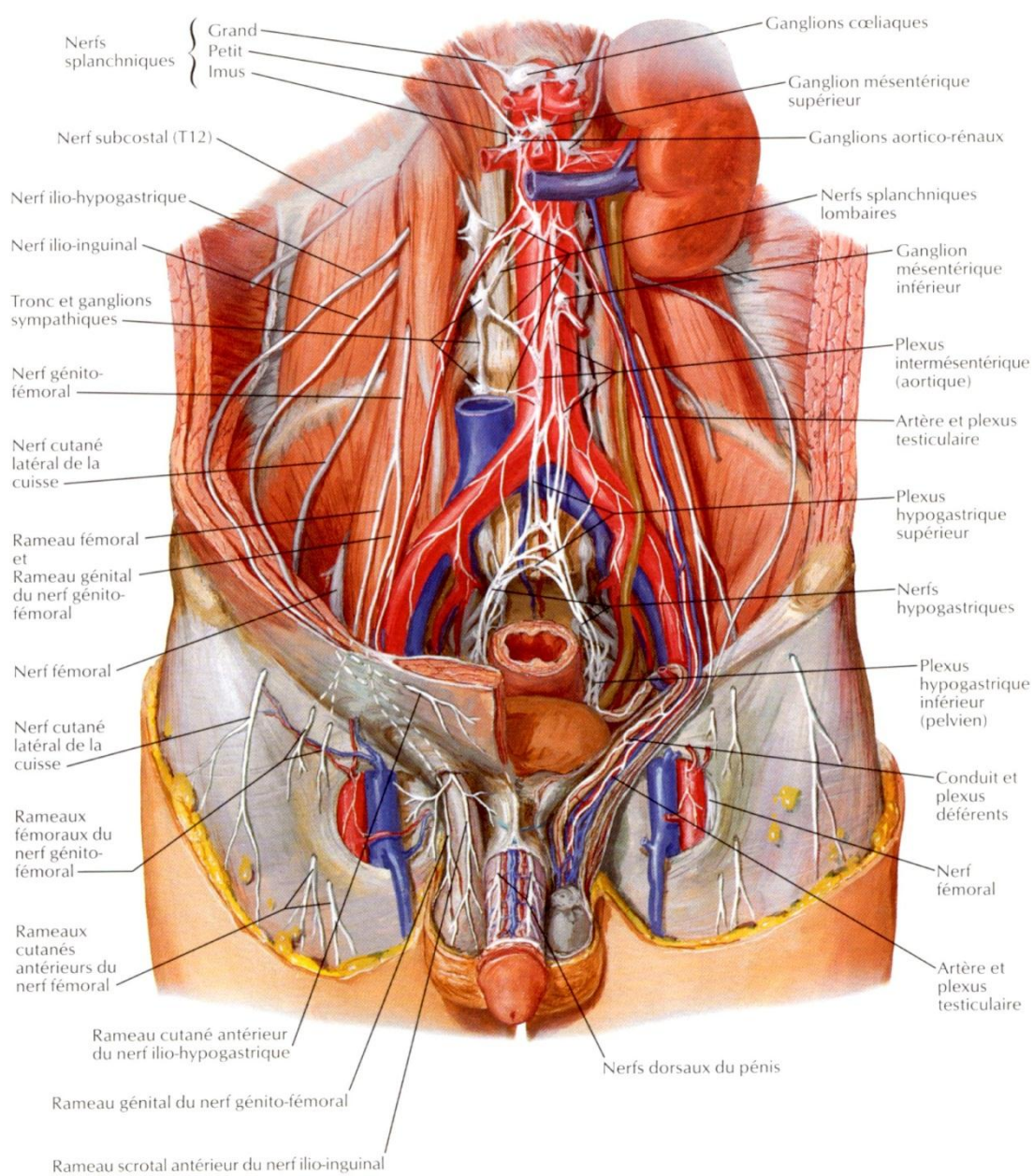


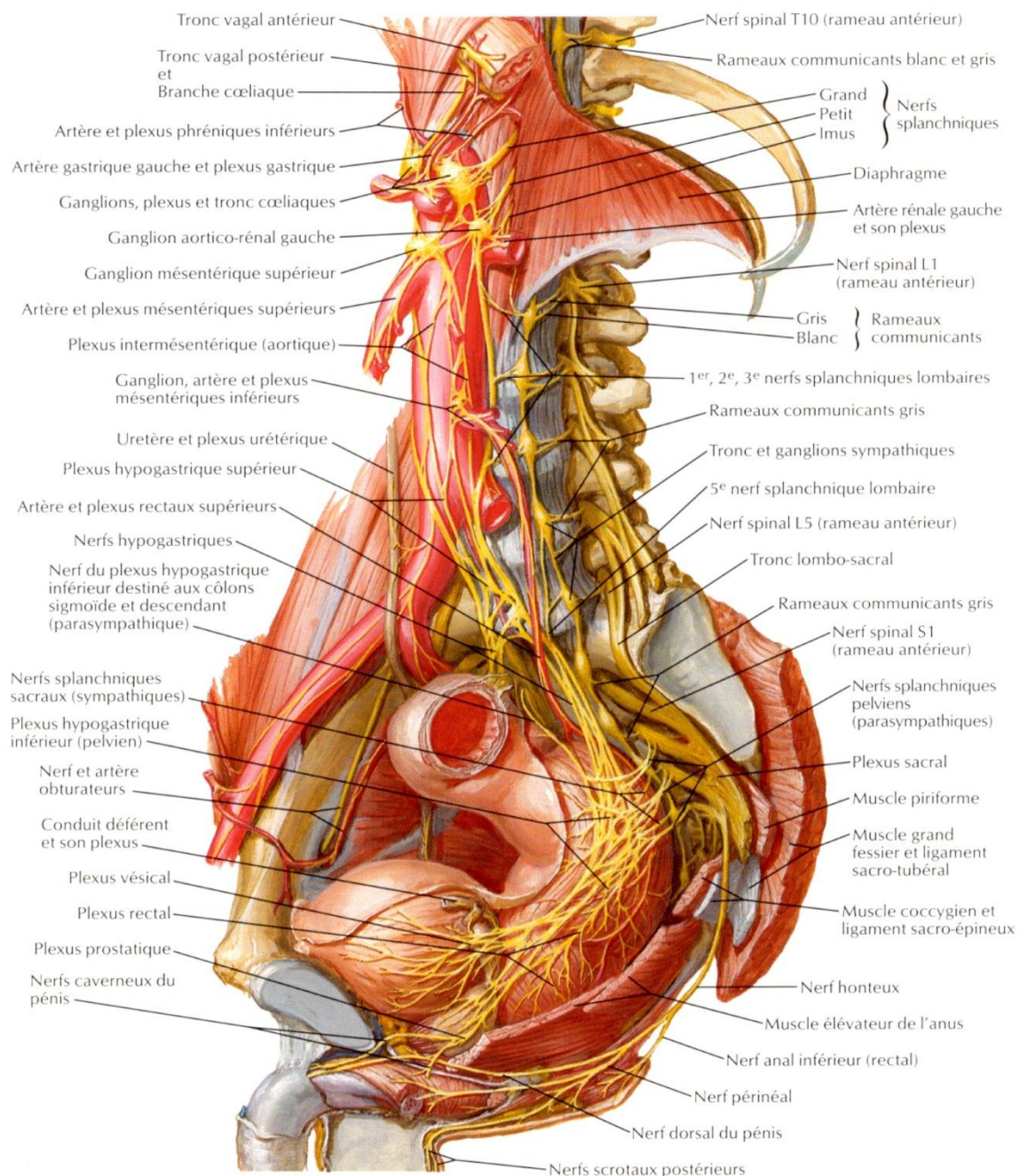




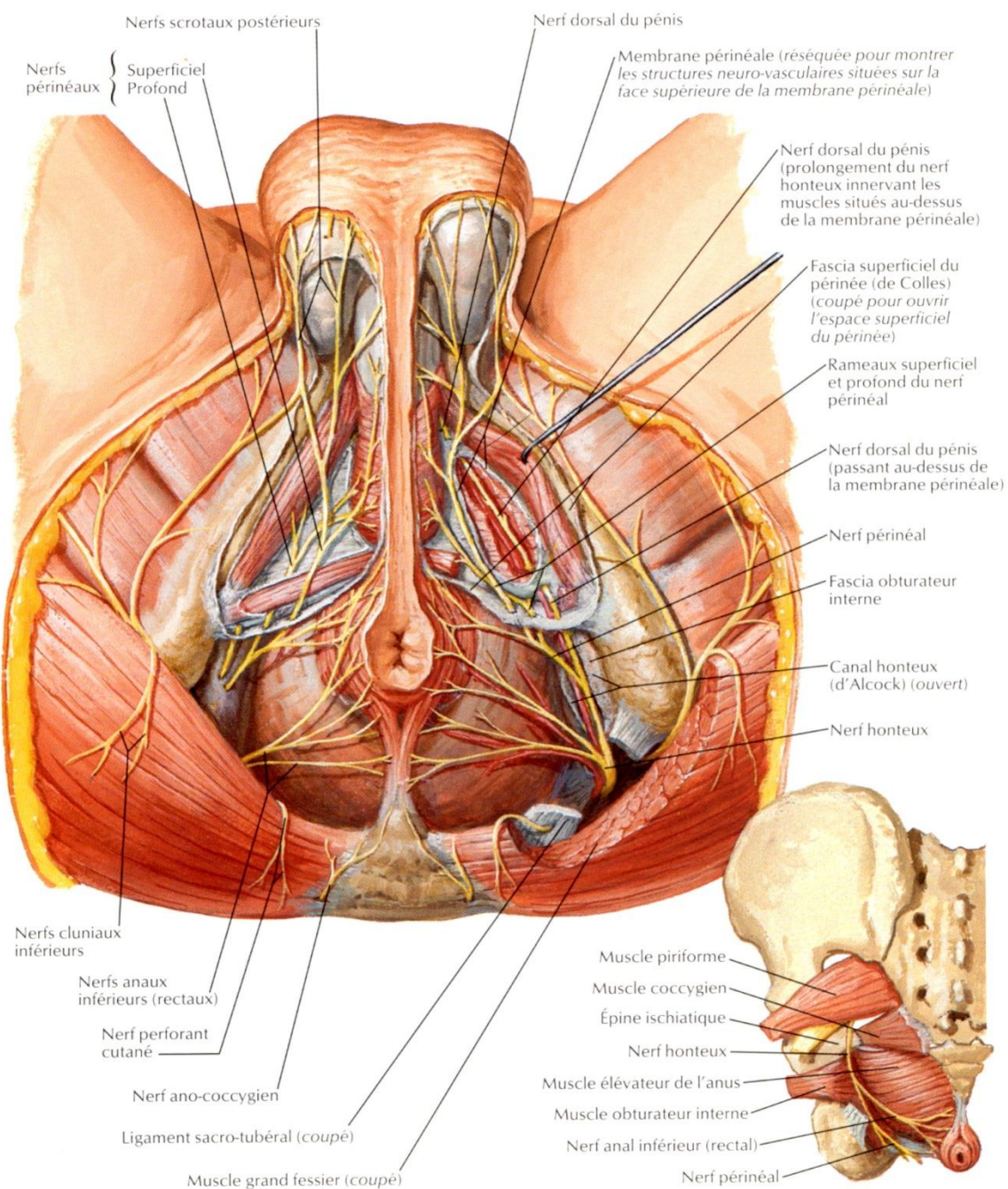


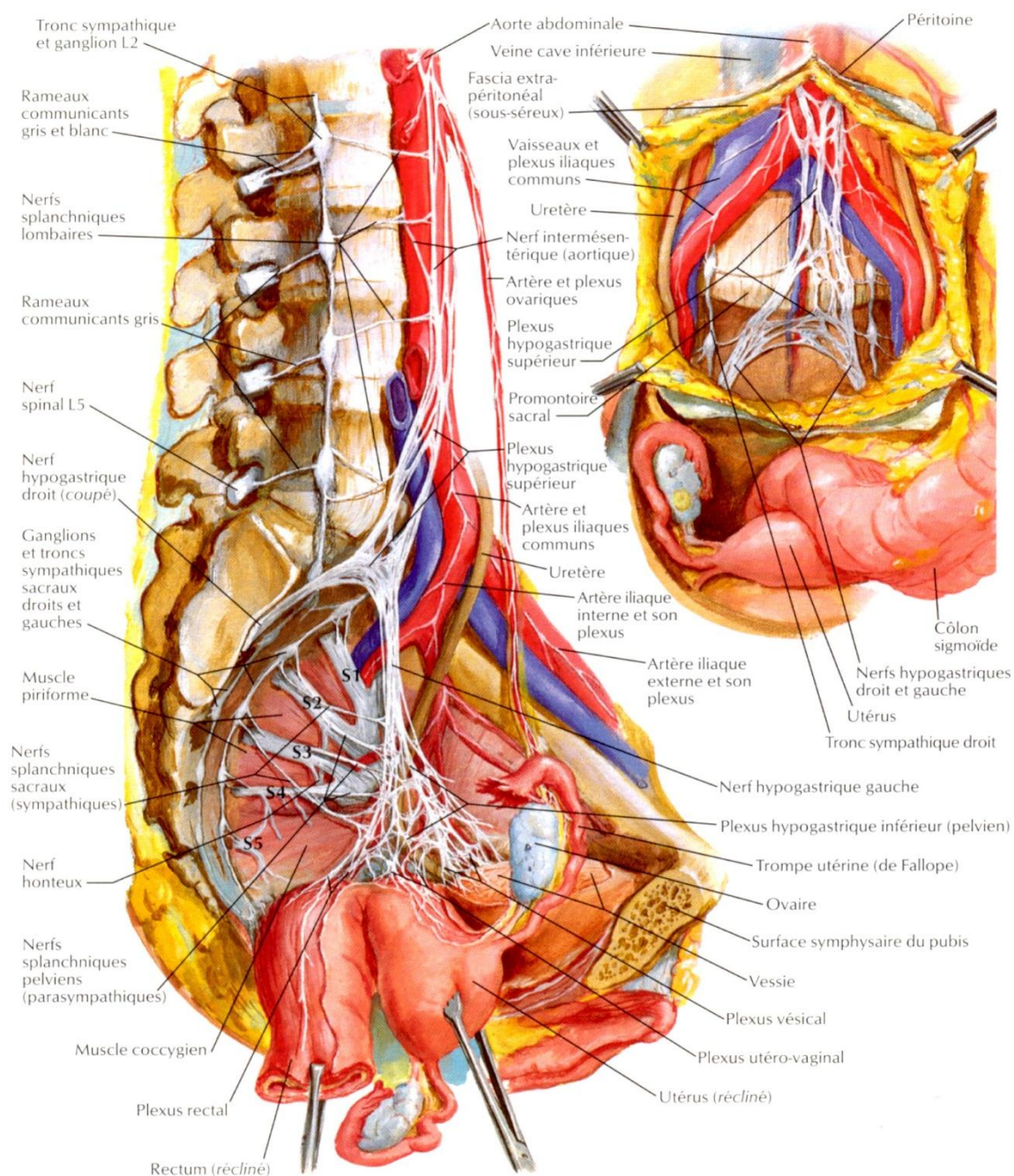
## g. Innervation



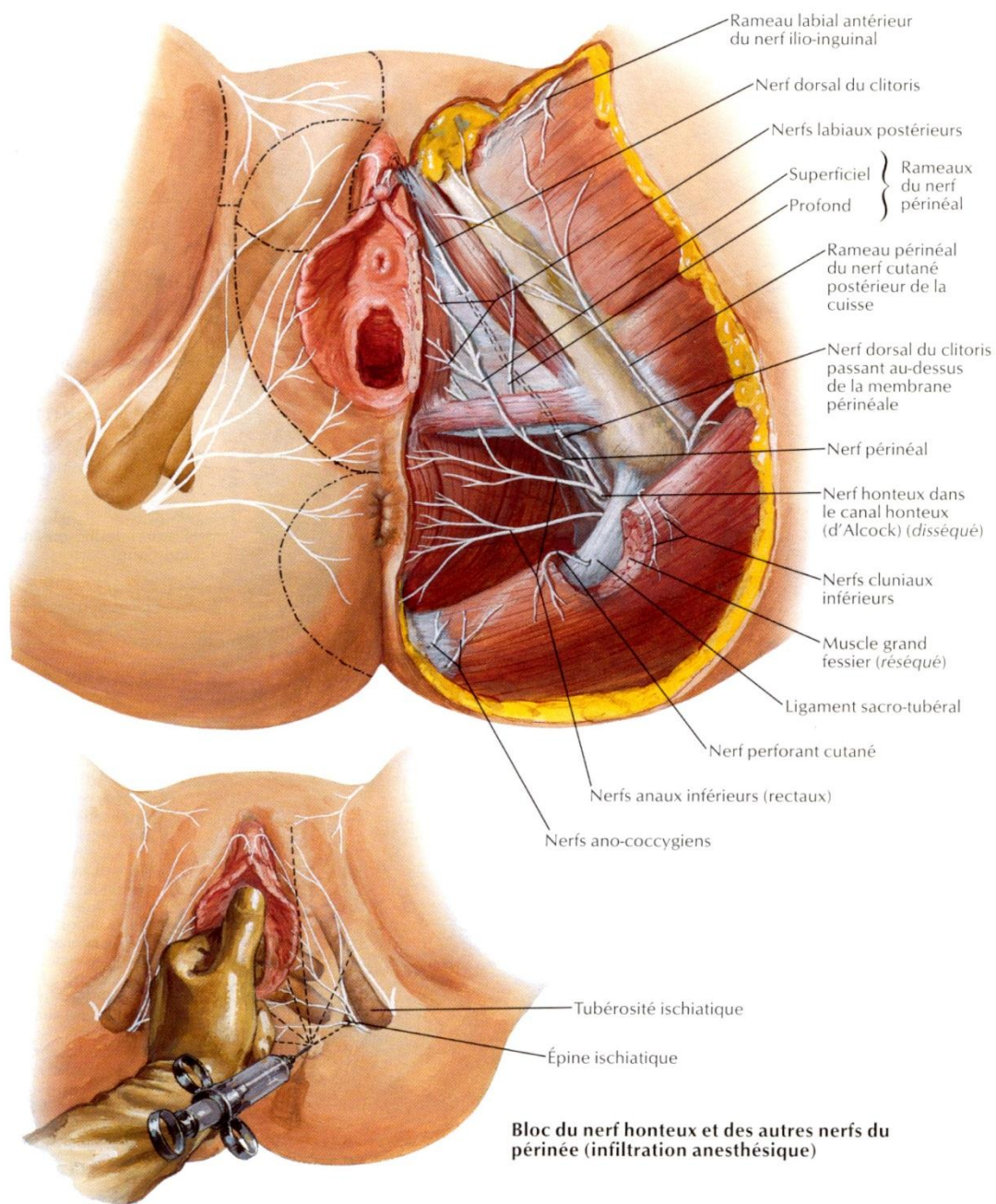


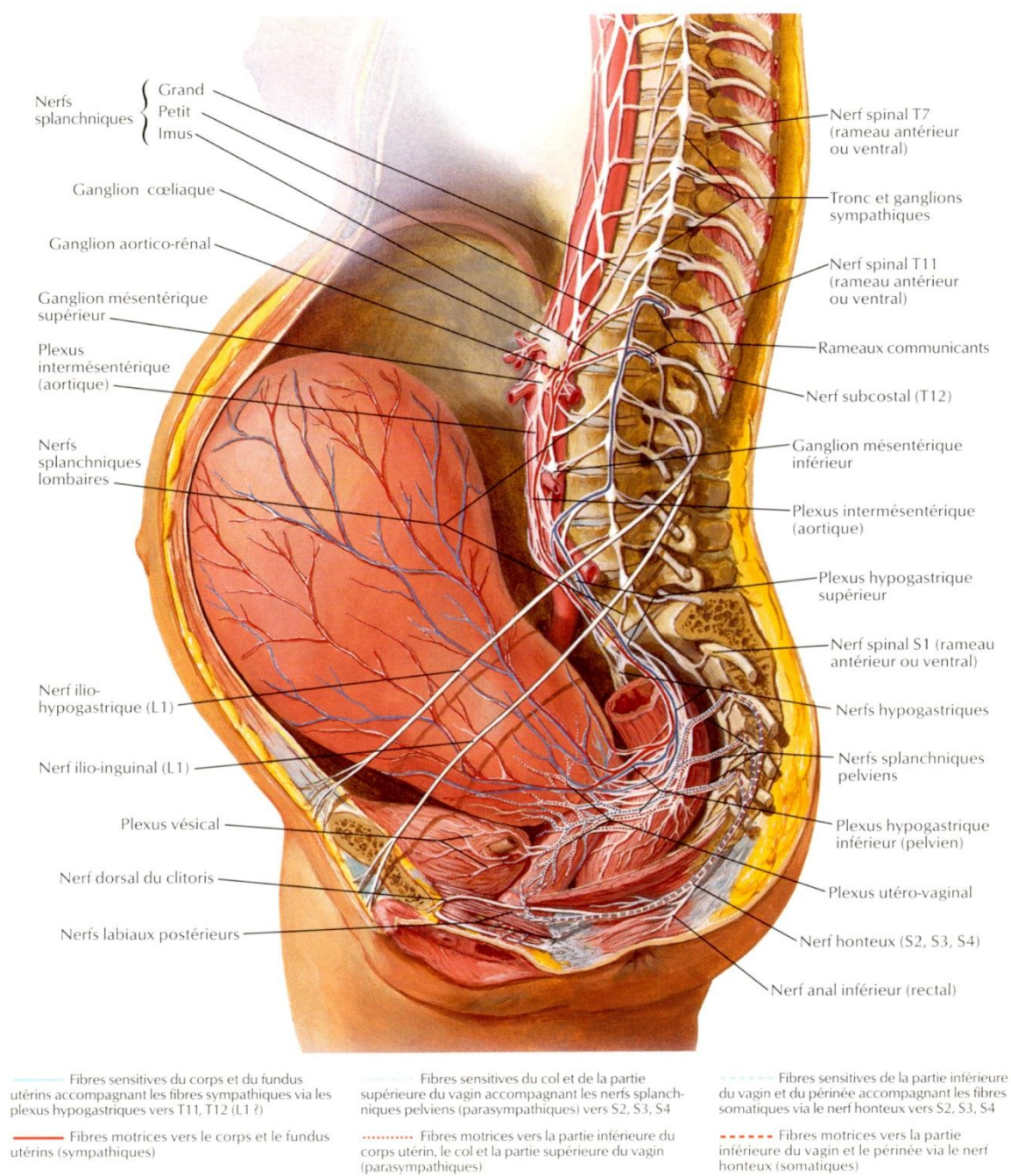




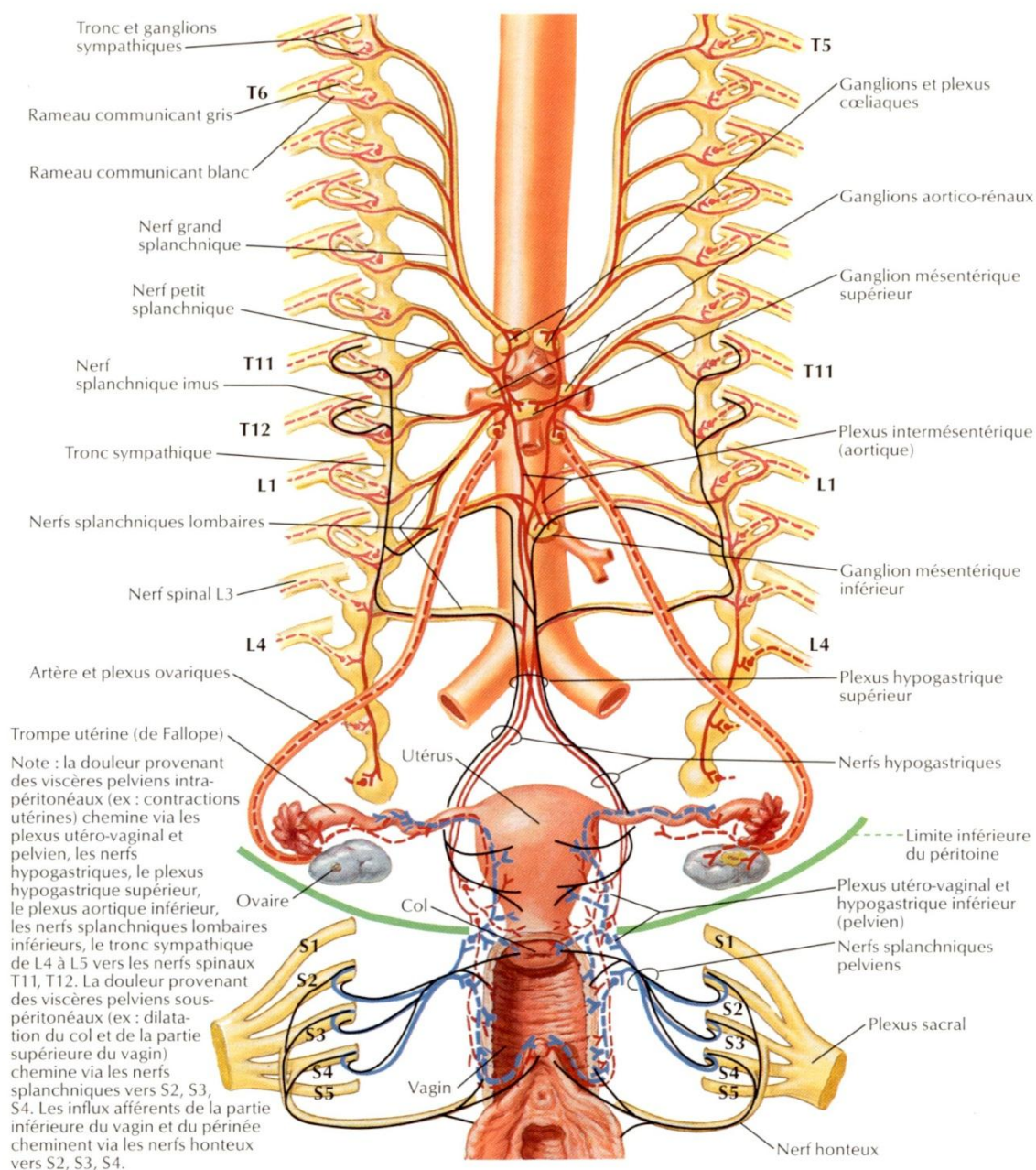




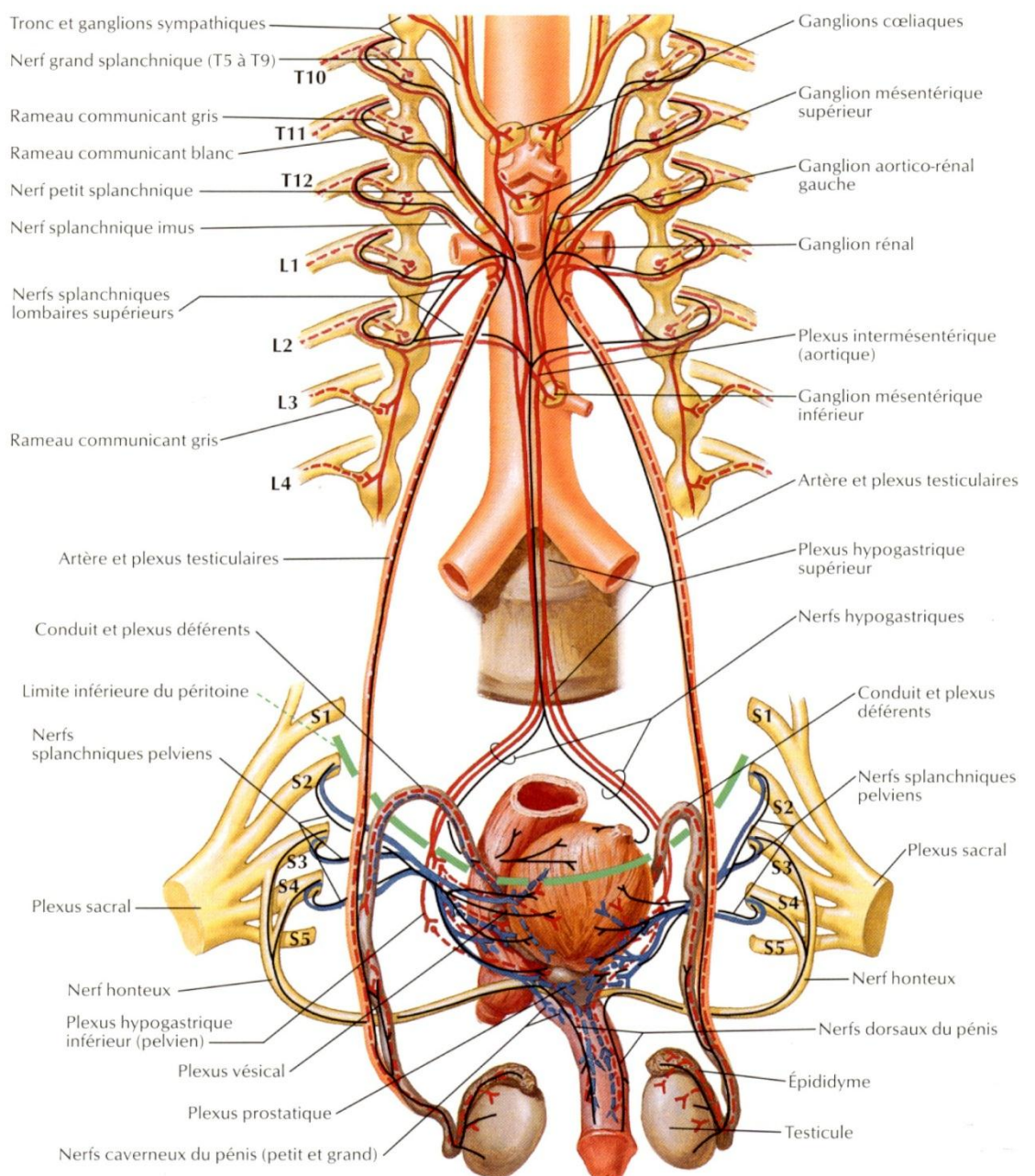






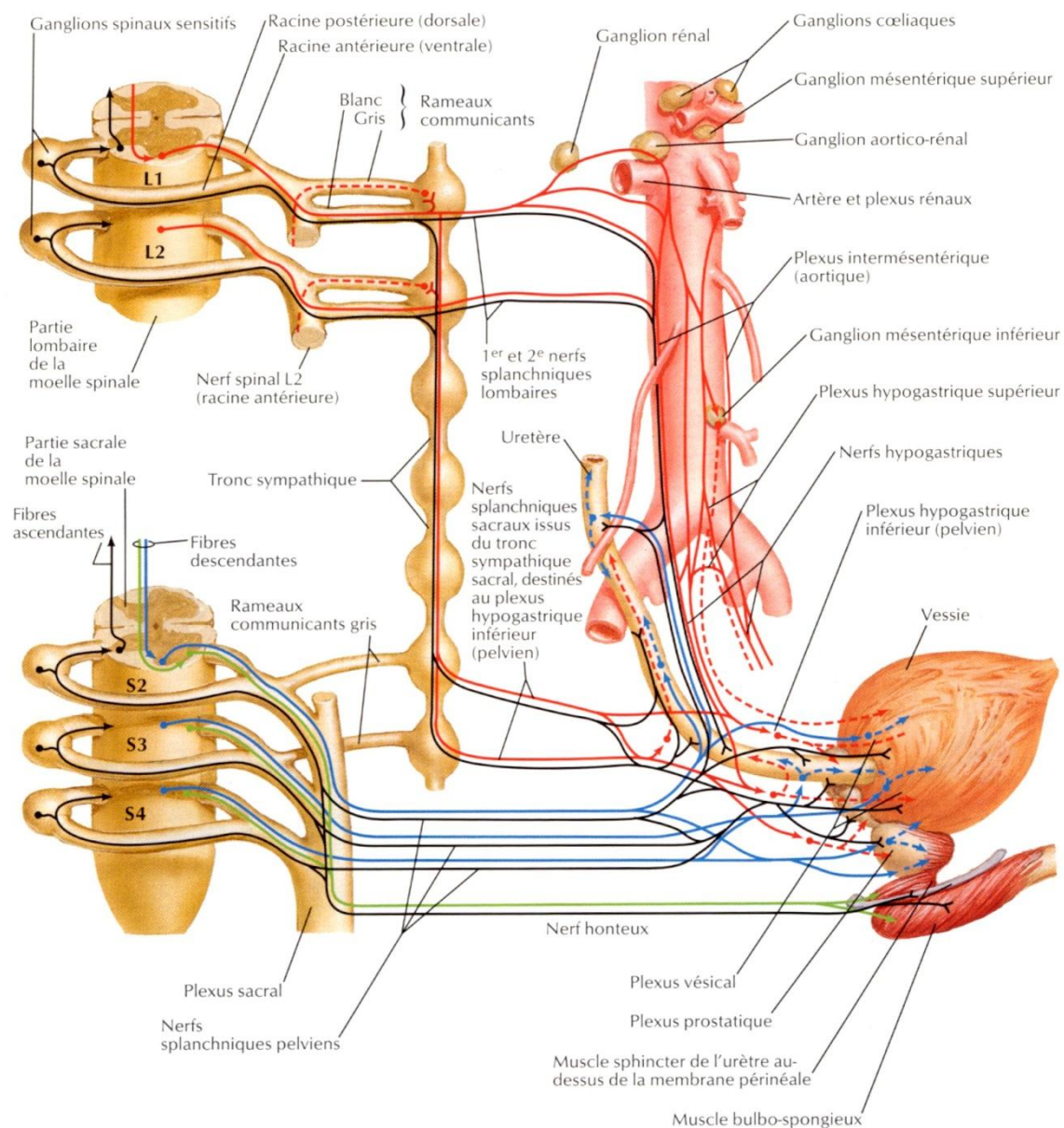


Fibres sympathiques	{	Présynaptiques	—	Fibres parasympathiques	{	Présynaptiques	—	Fibres afférentes	—
		Postsynaptiques	- - -			Postsynaptiques	- - -		

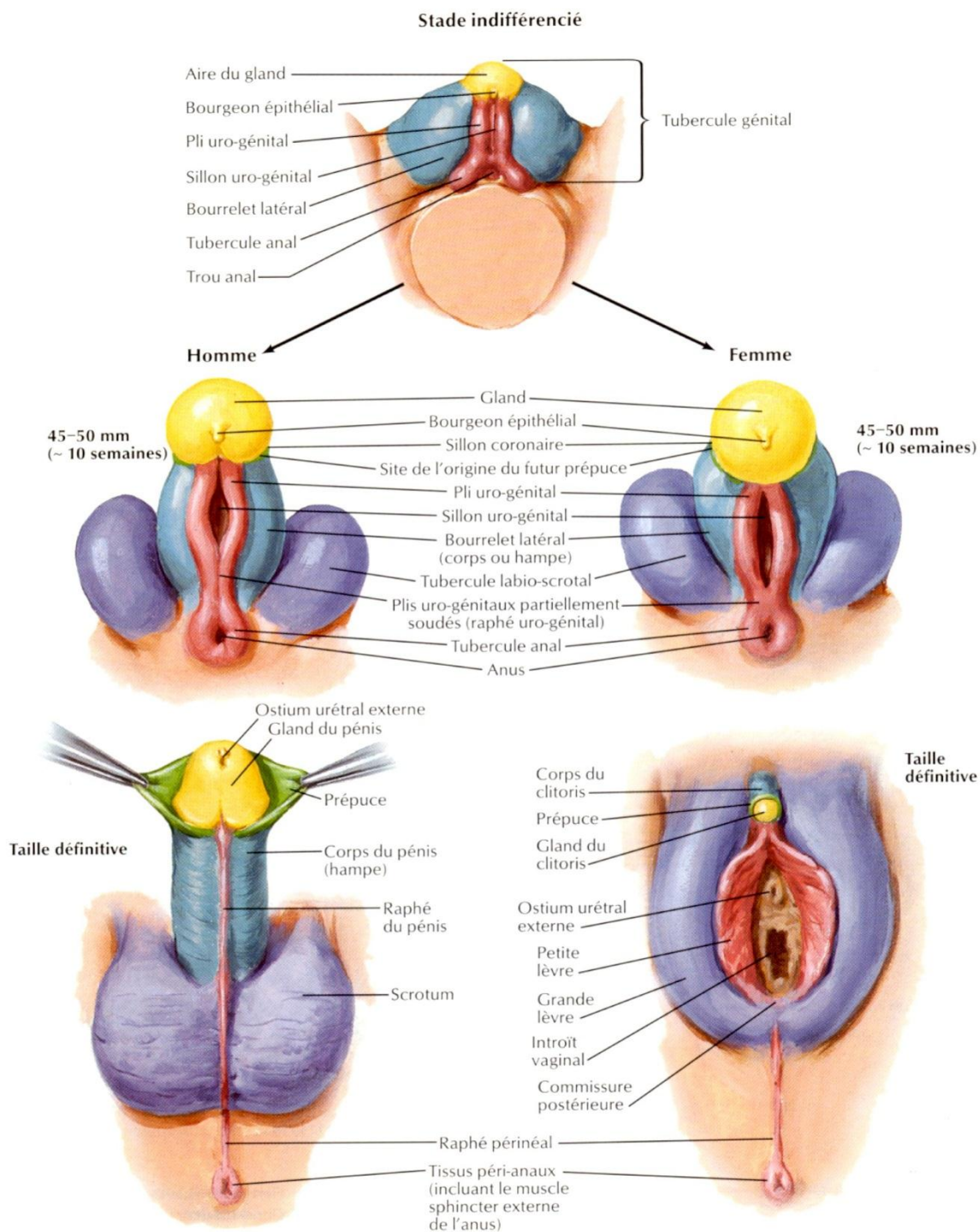


Fibres sympathiques	{	Présynaptiques	—	Fibres parasympathiques	{	Présynaptiques	—	Fibres afférentes	—
		Postsynaptiques	- - -			Postsynaptiques	- - -		

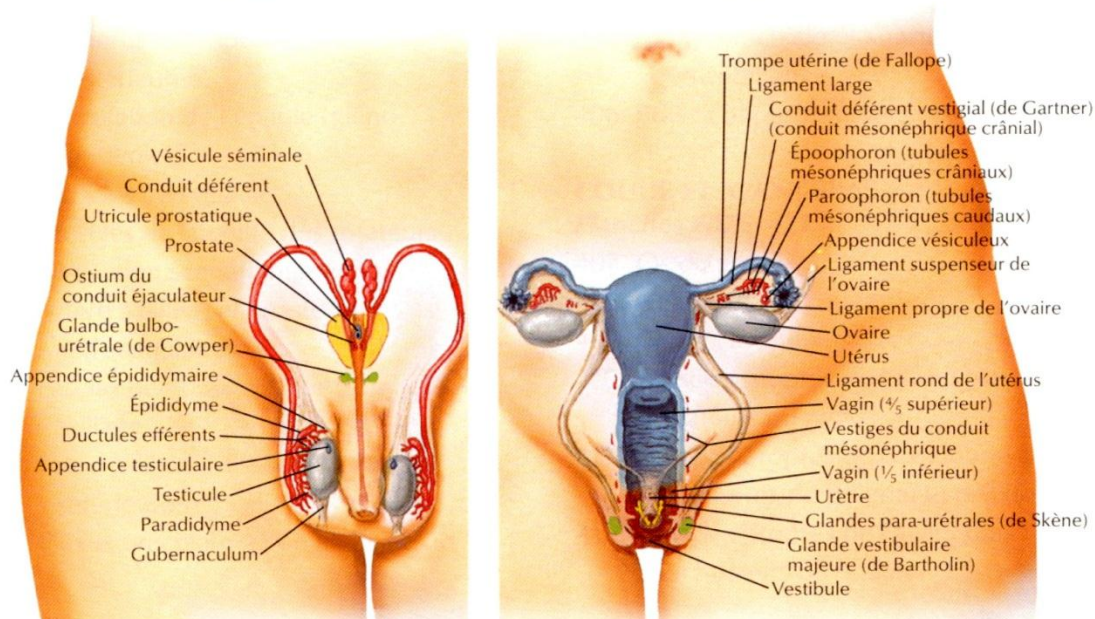
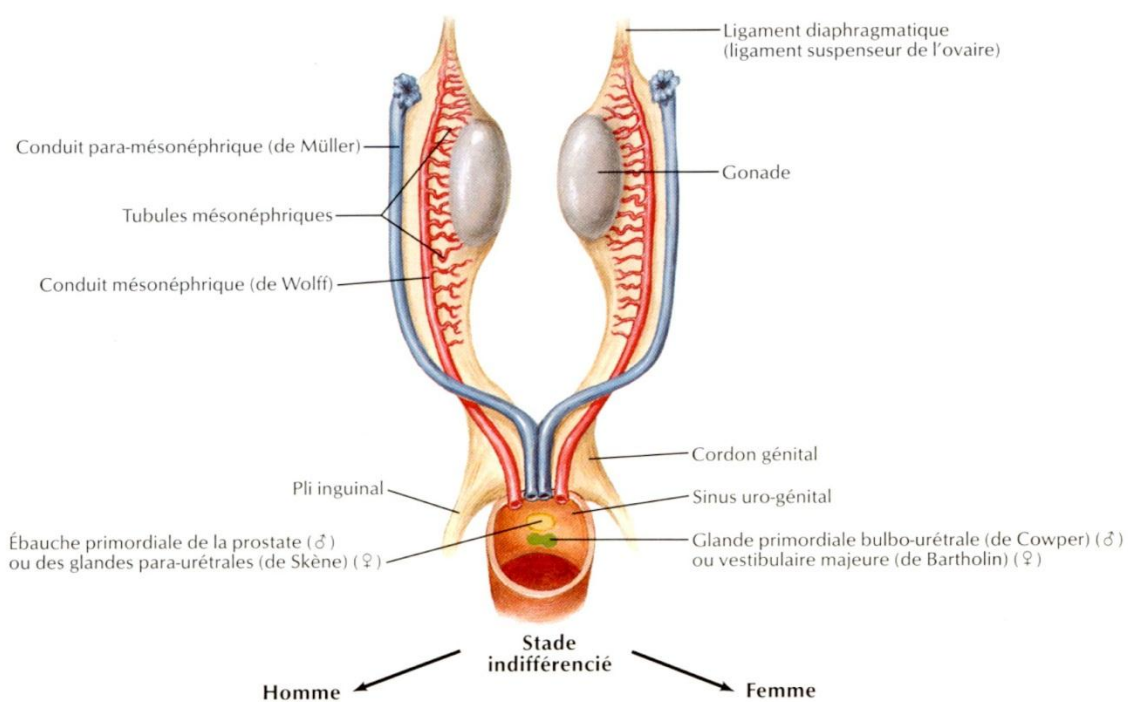




Fibres sympathiques	{	Présynaptiques	—	Fibres parasympathiques	{	Présynaptiques	—	Fibres efférentes somatiques	—
		Postsynaptiques	- - -			Postsynaptiques	- - -		





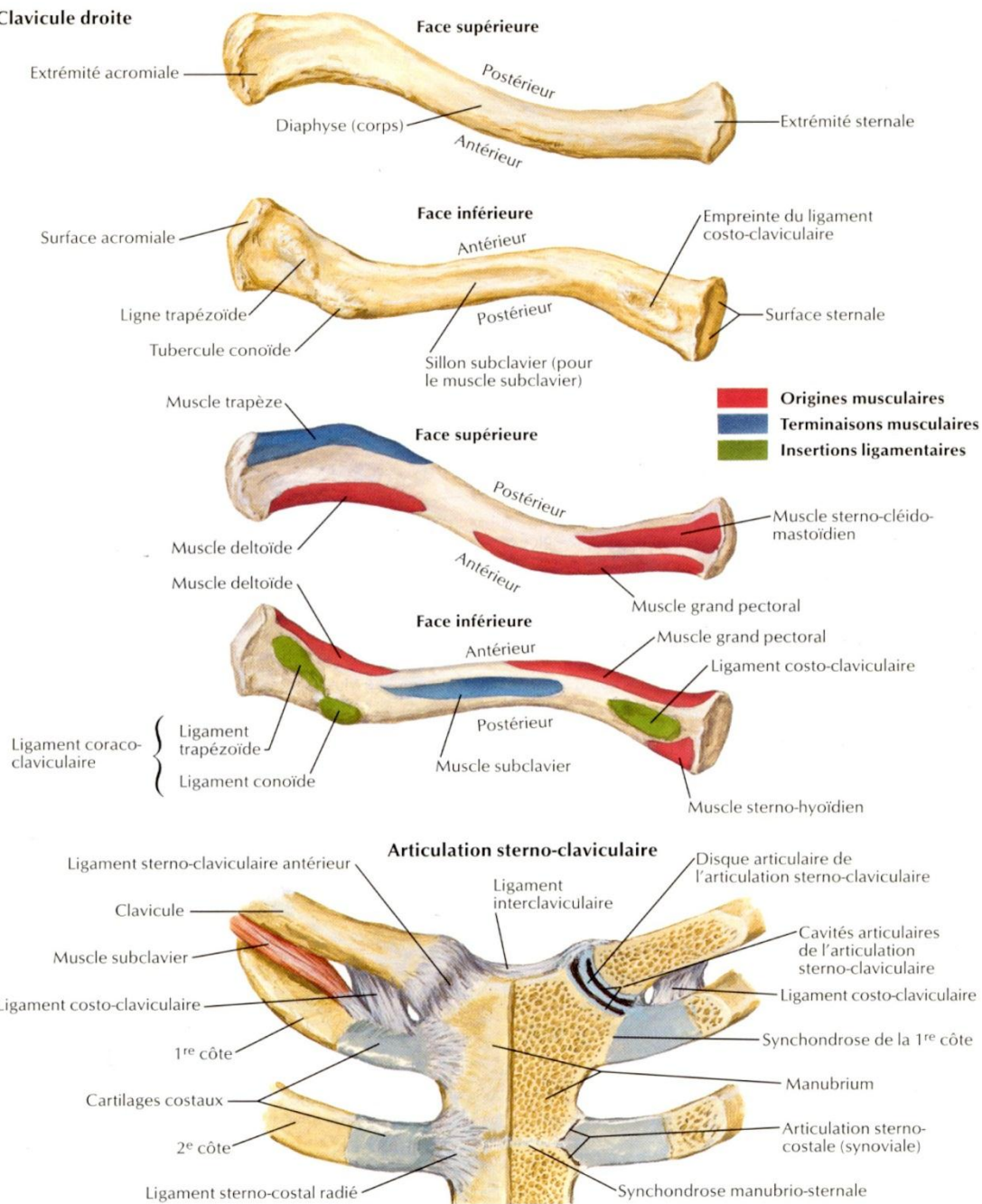


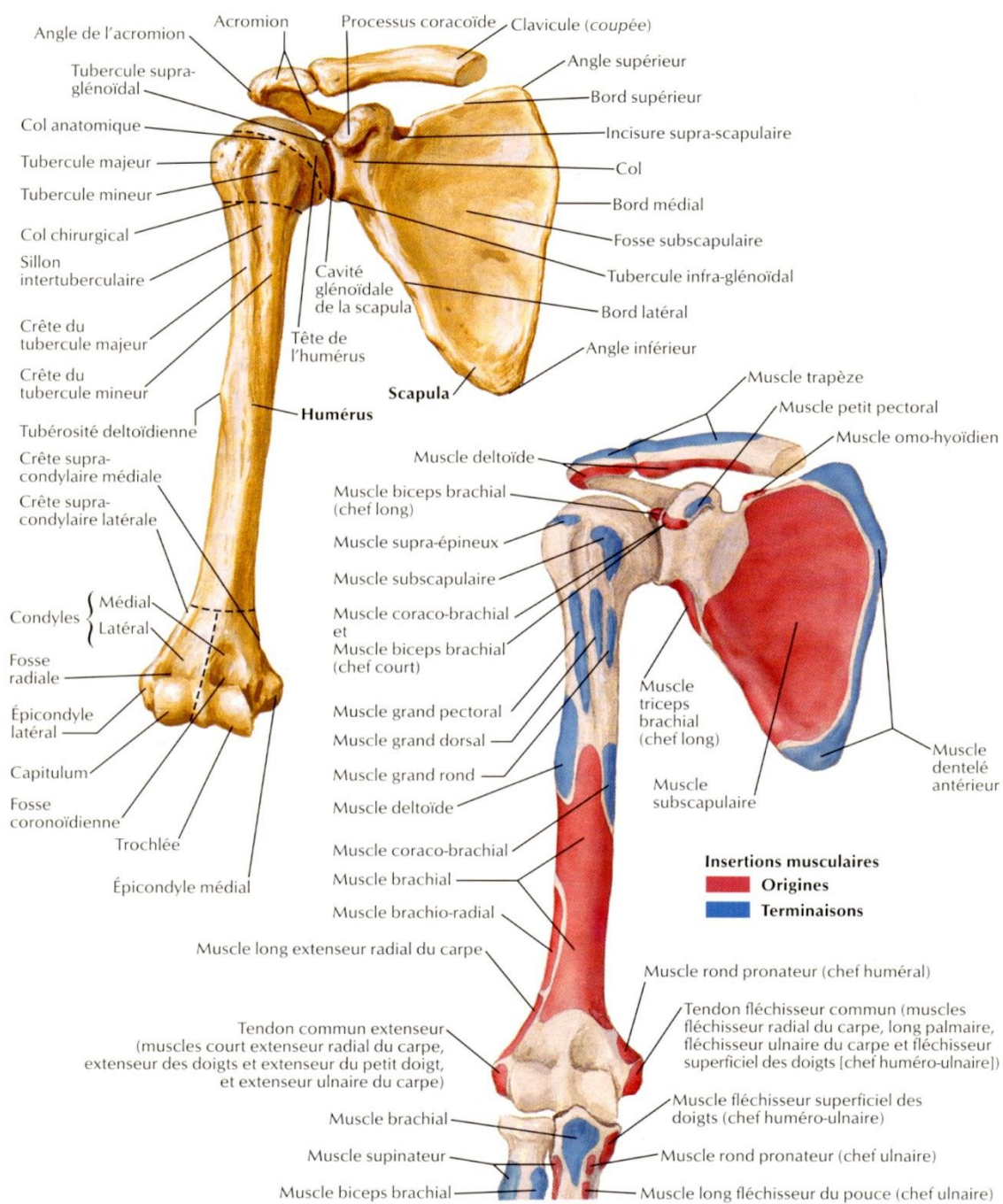
## **Section 6 – Membre supérieur**



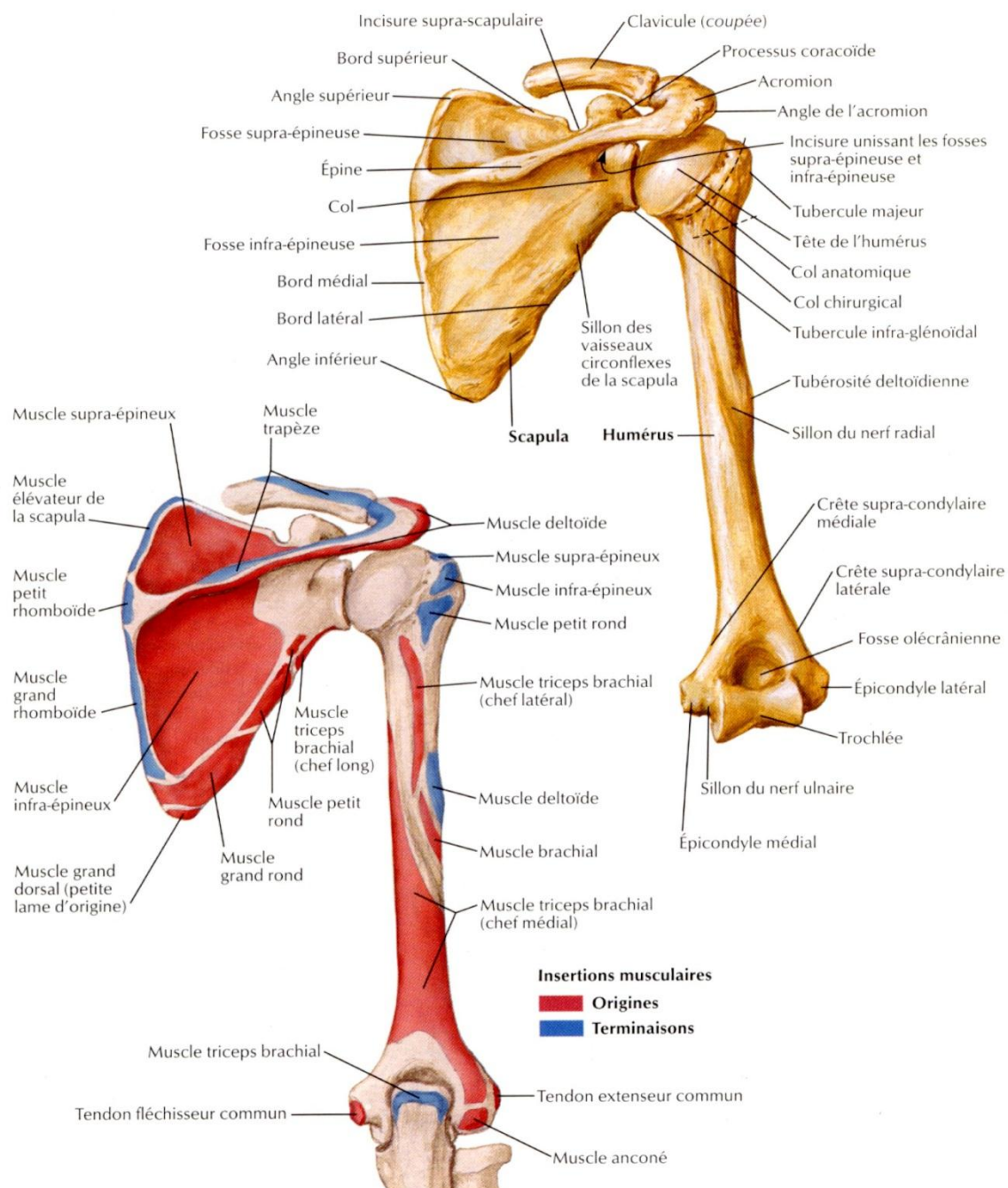
## a. Epaule et aisselle

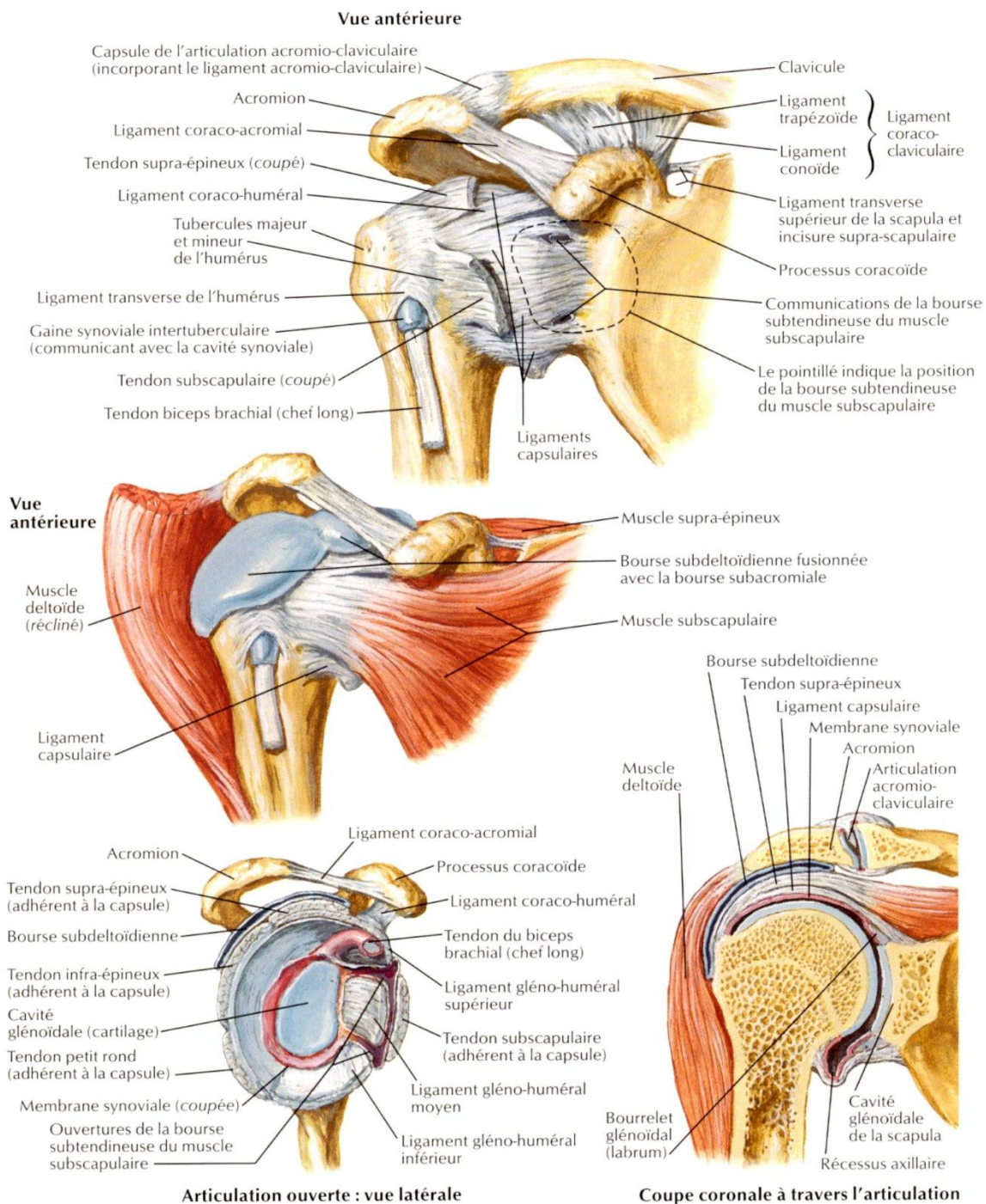
### Clavicule droite



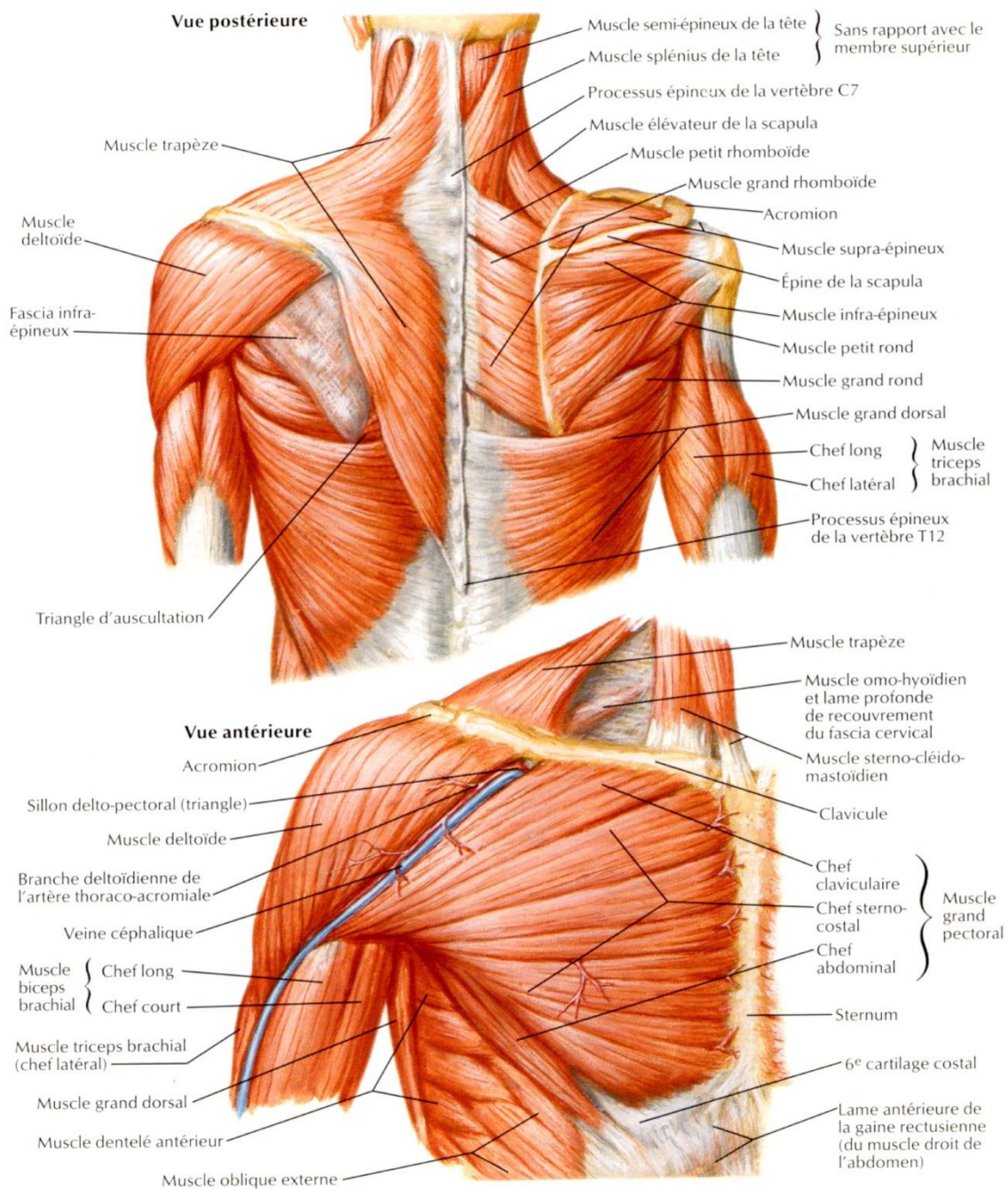




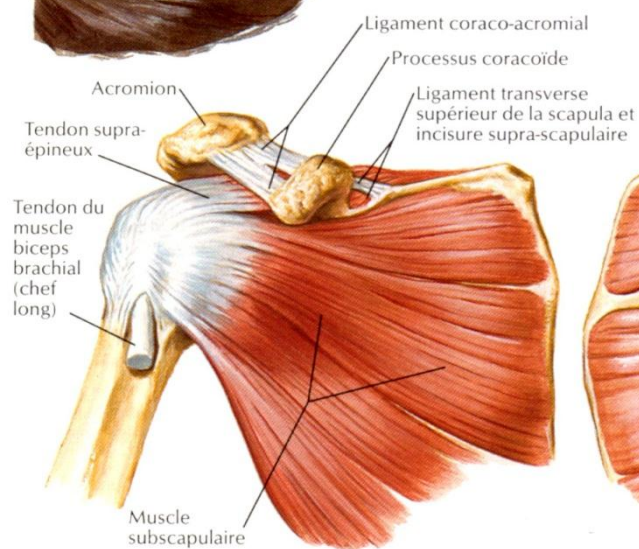
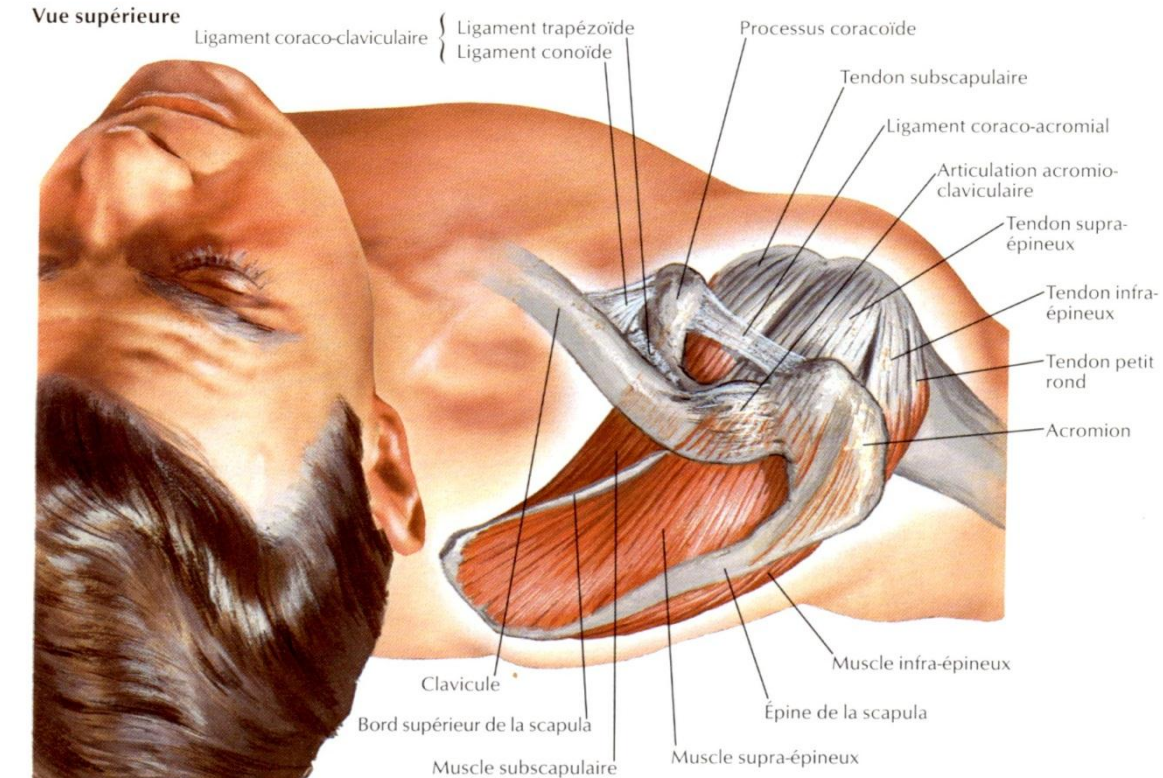




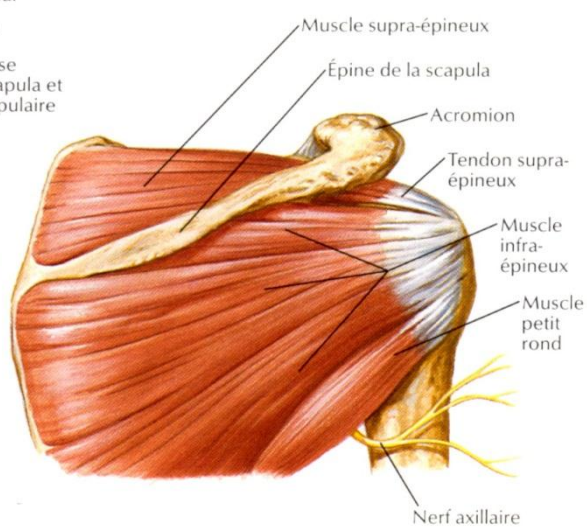




# **Vue supérieure**

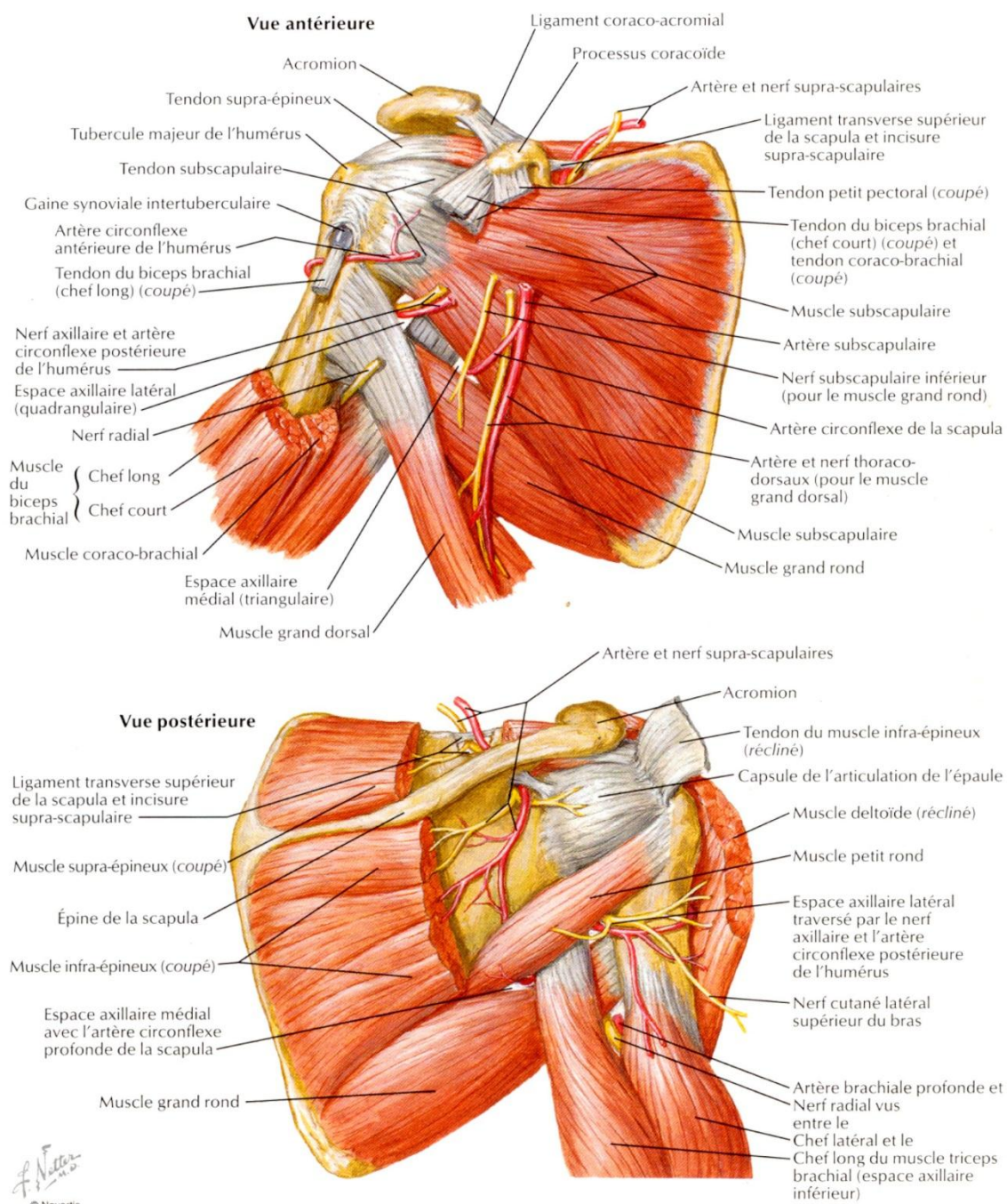


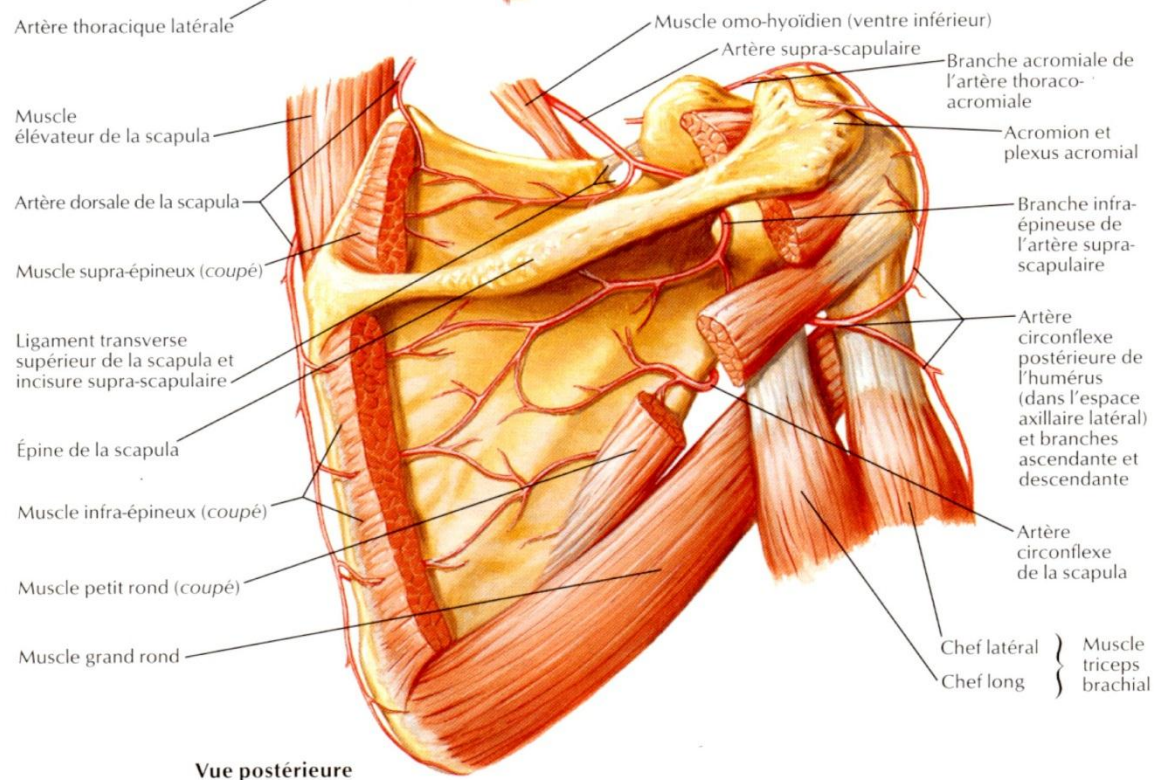
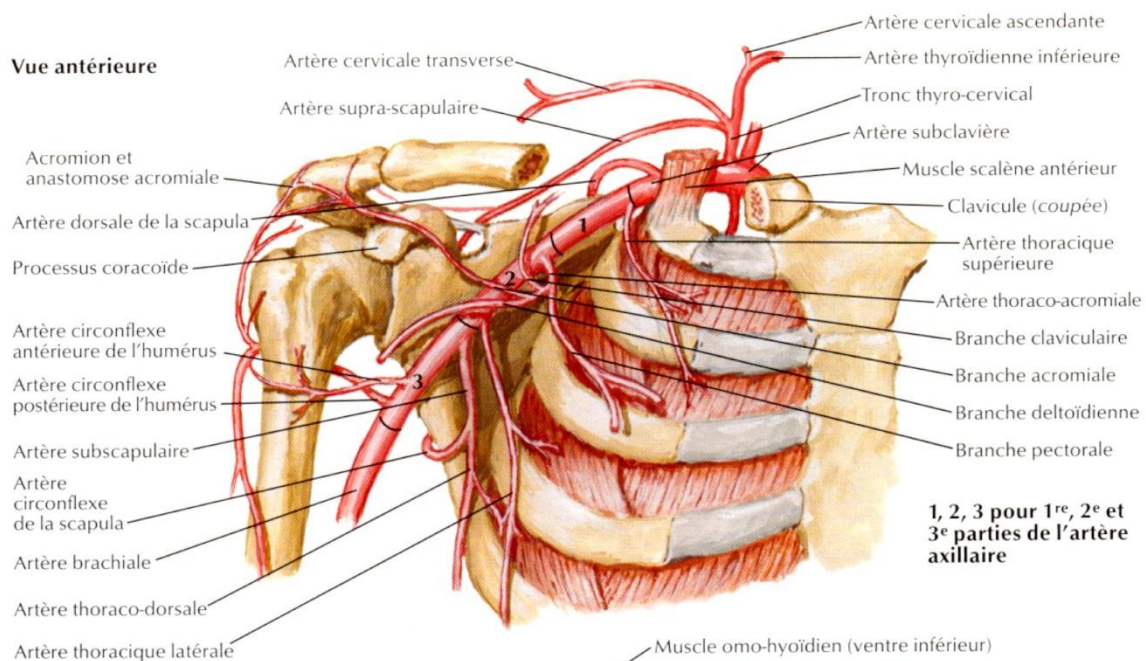
**Vue antérieure**



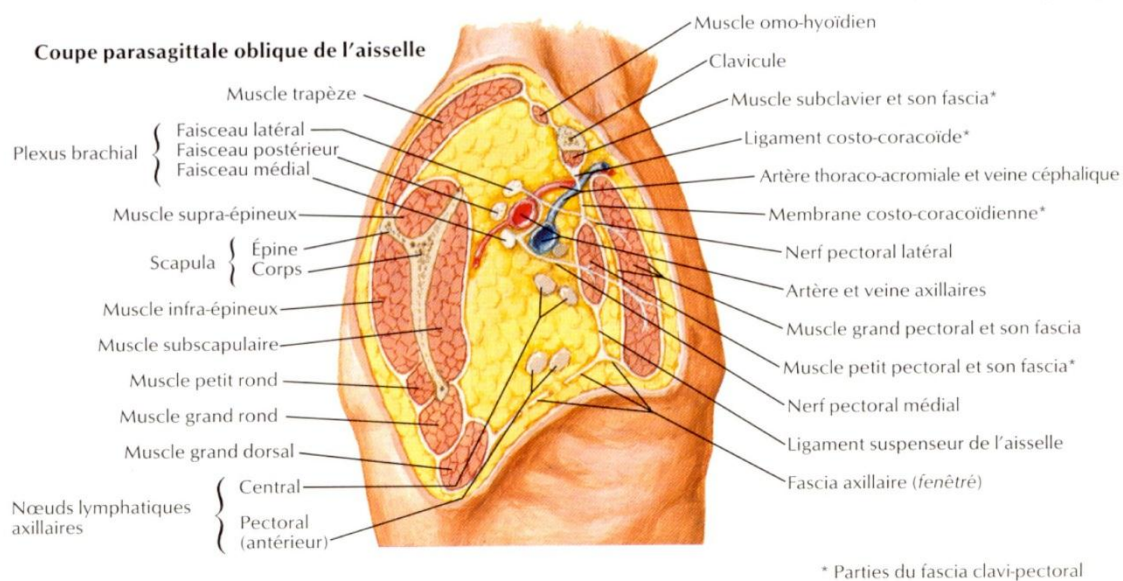
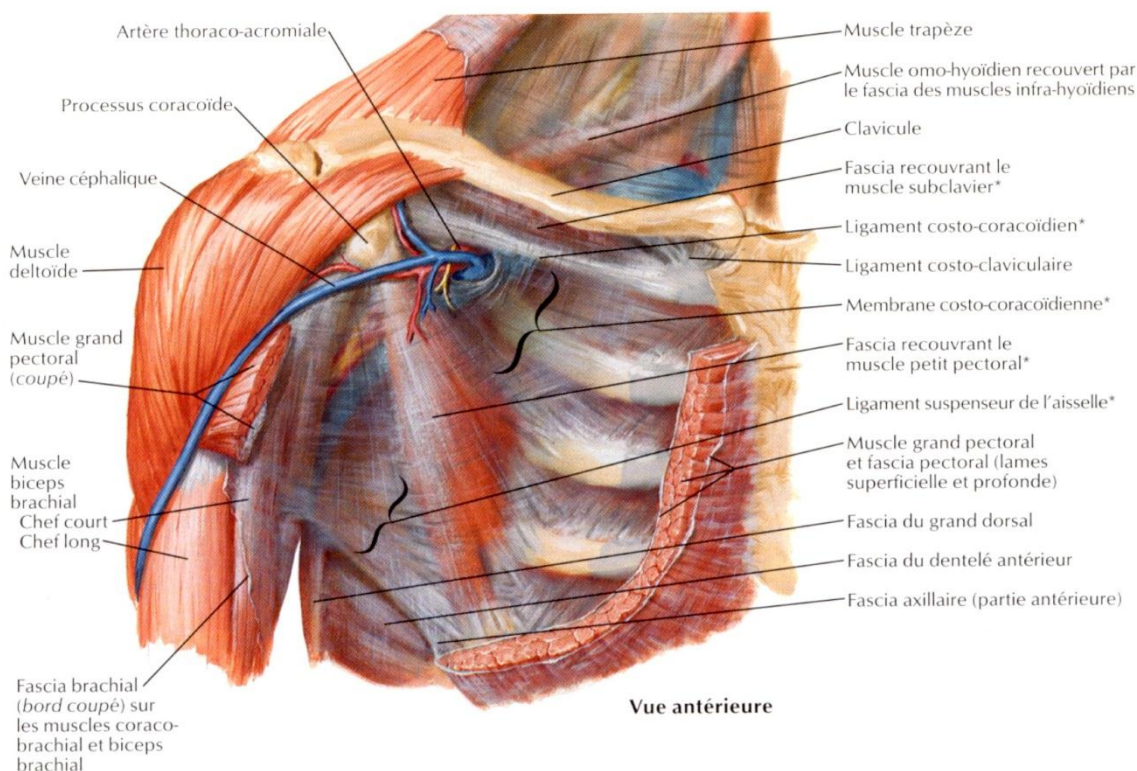
**Vue postérieure**

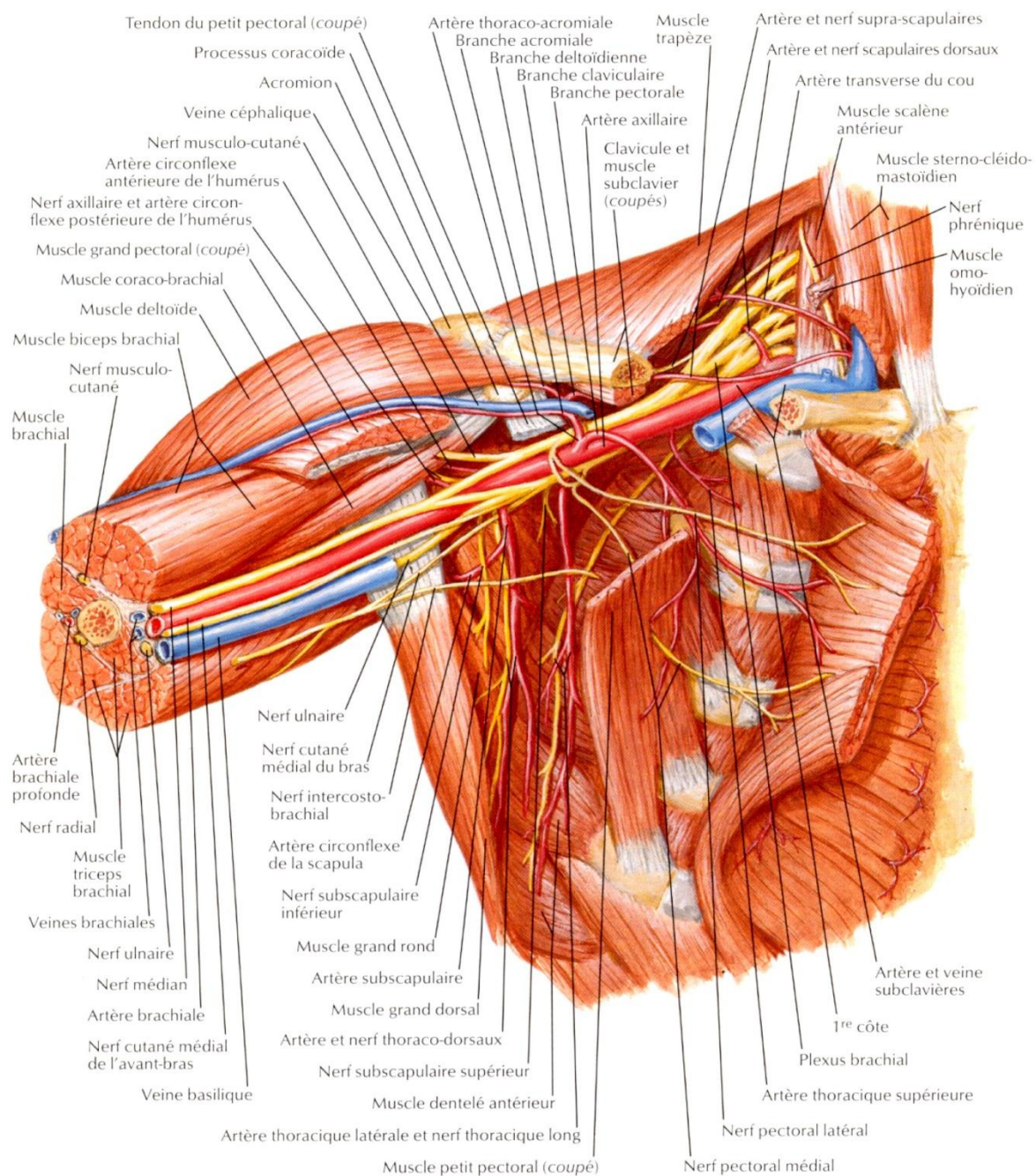




**Vue antérieure**

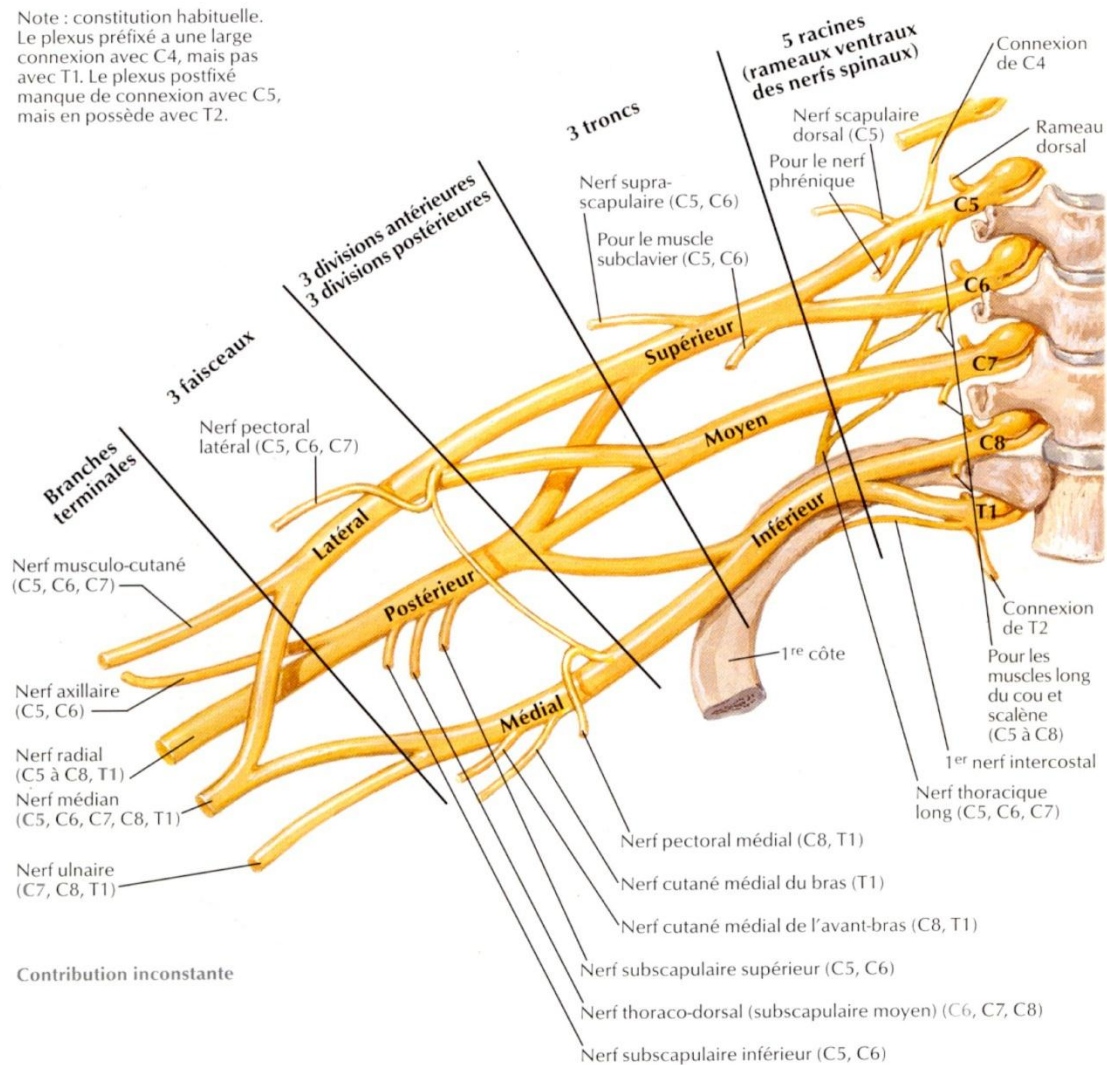




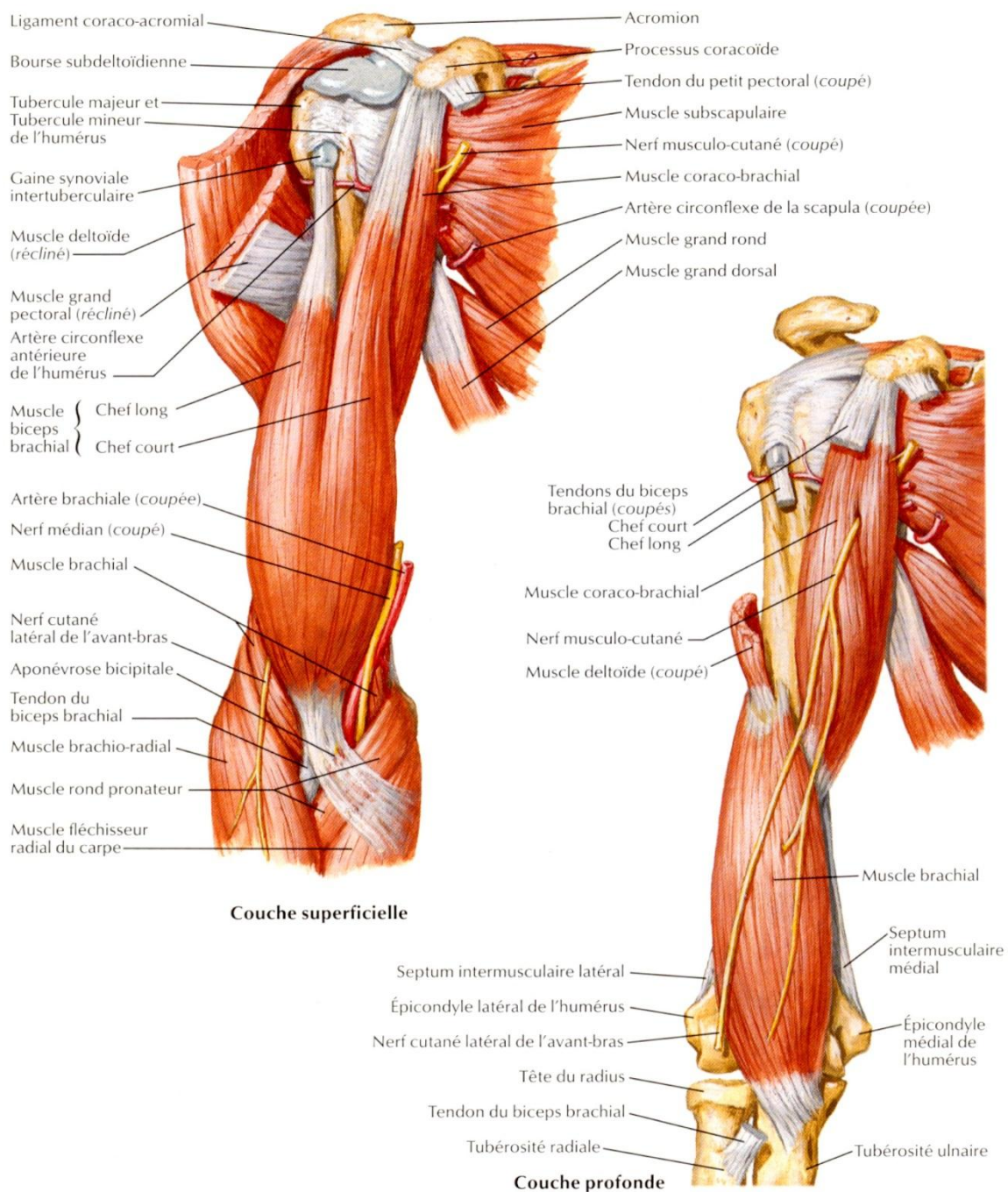




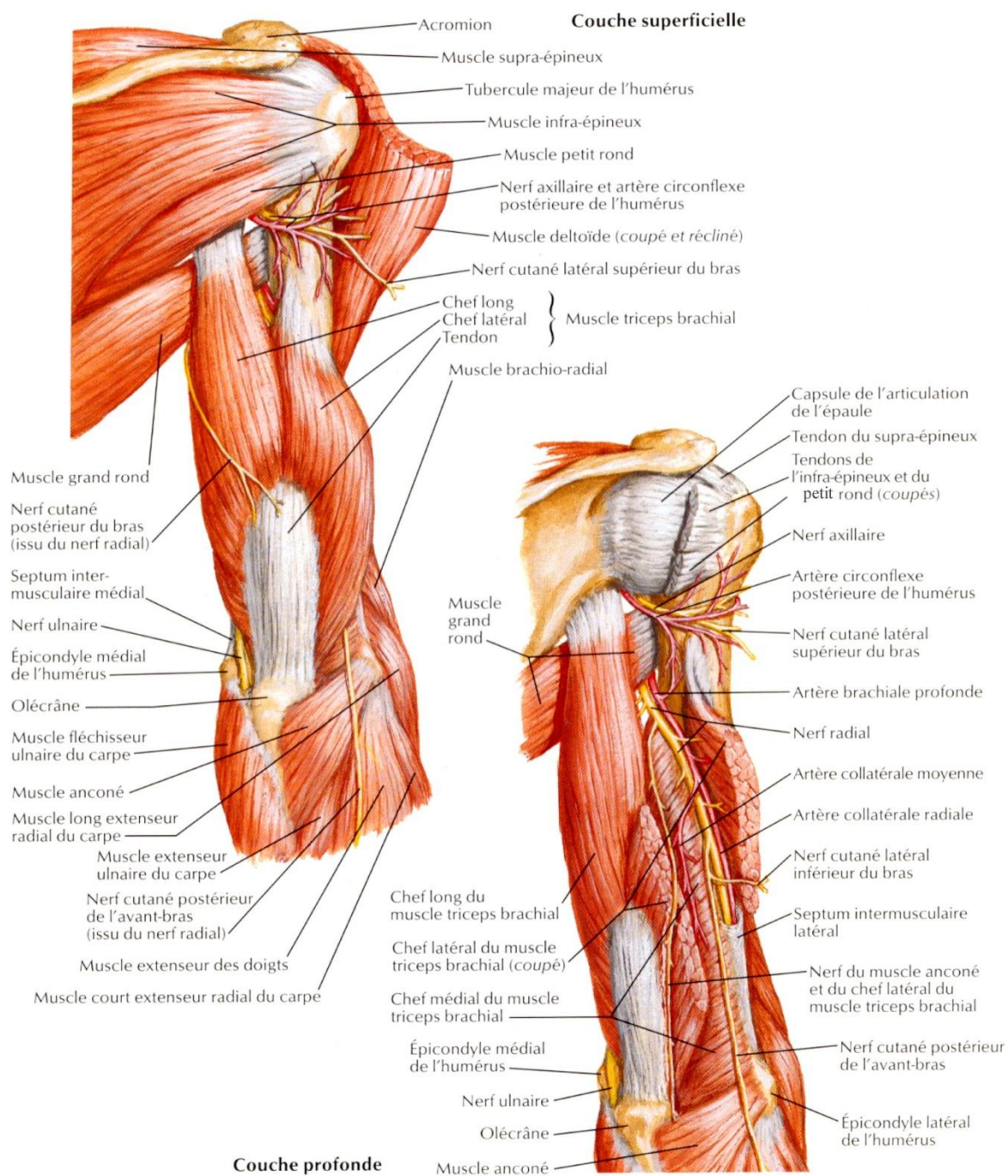
Note : constitution habituelle.  
Le plexus préfixé a une large connexion avec C4, mais pas avec T1. Le plexus postfixé manque de connexion avec C5, mais en possède avec T2.

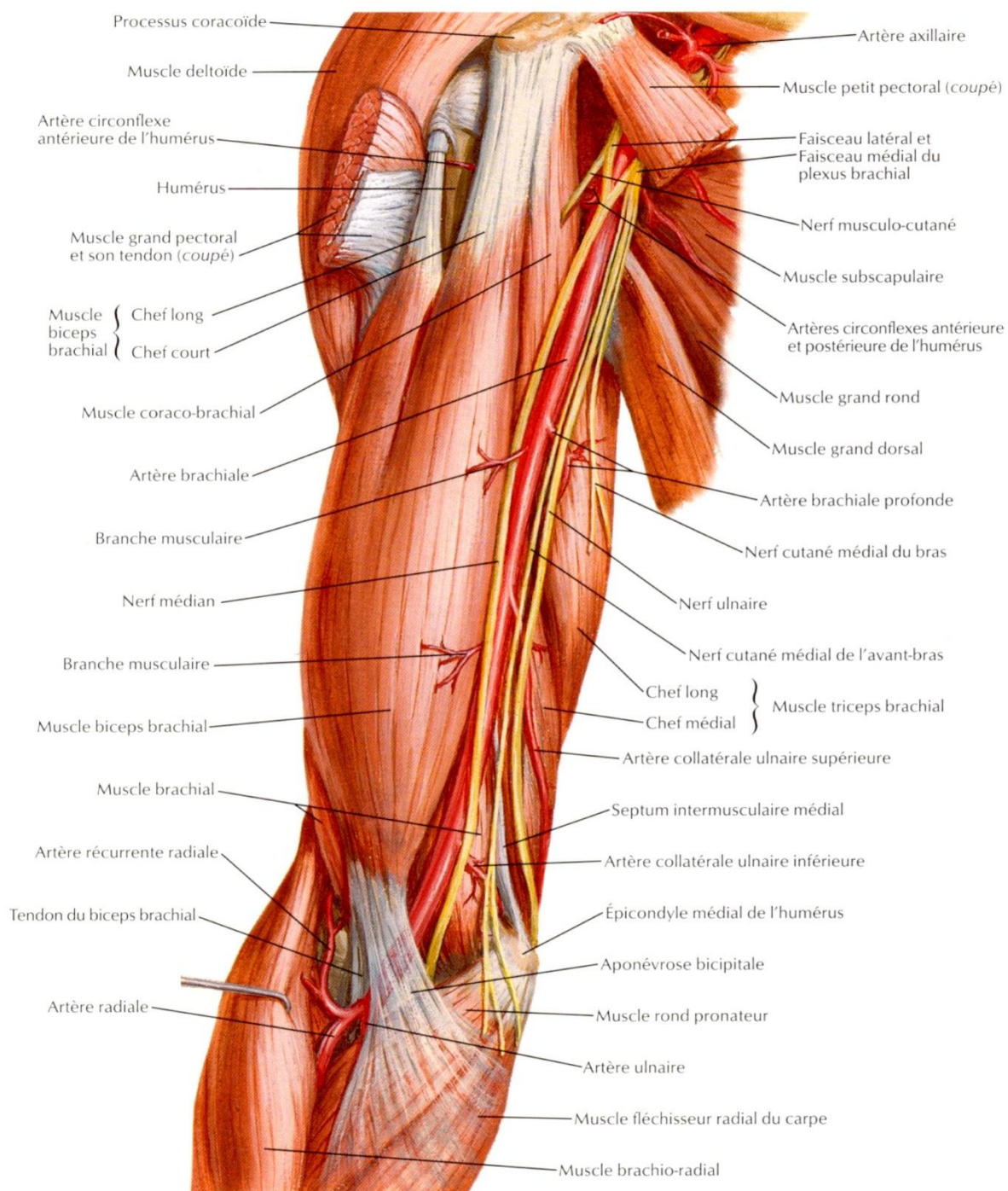


## b. Bras

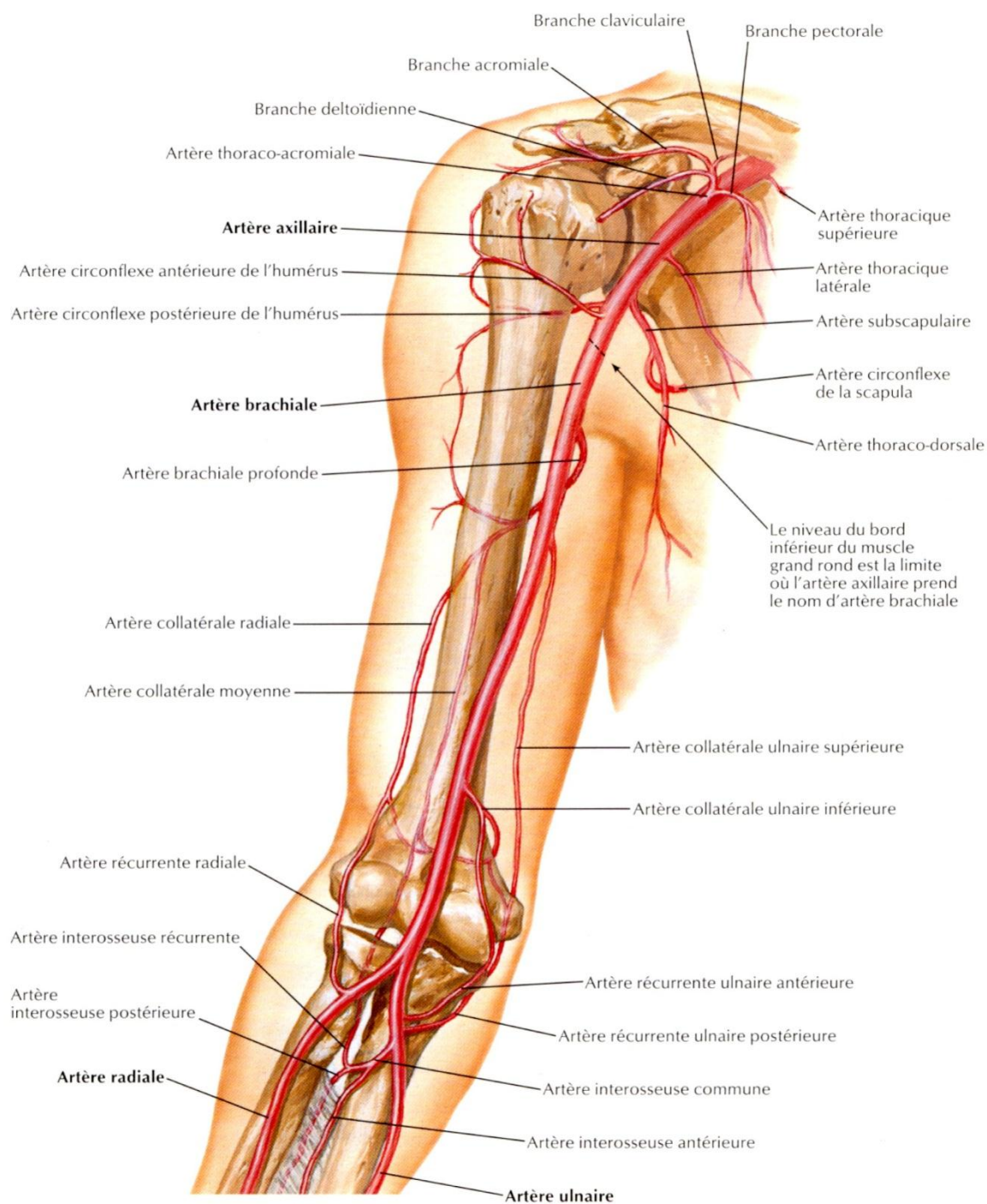


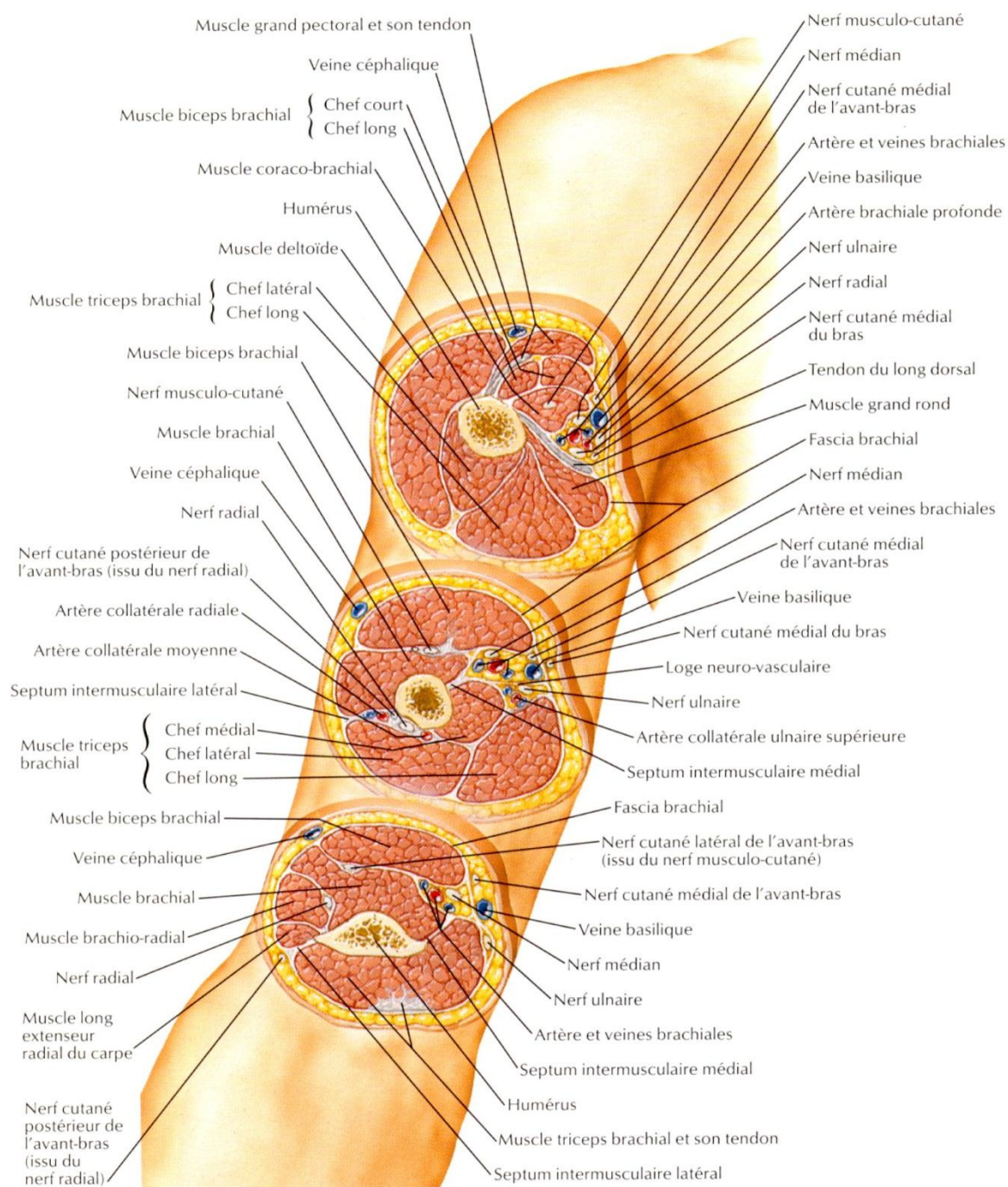








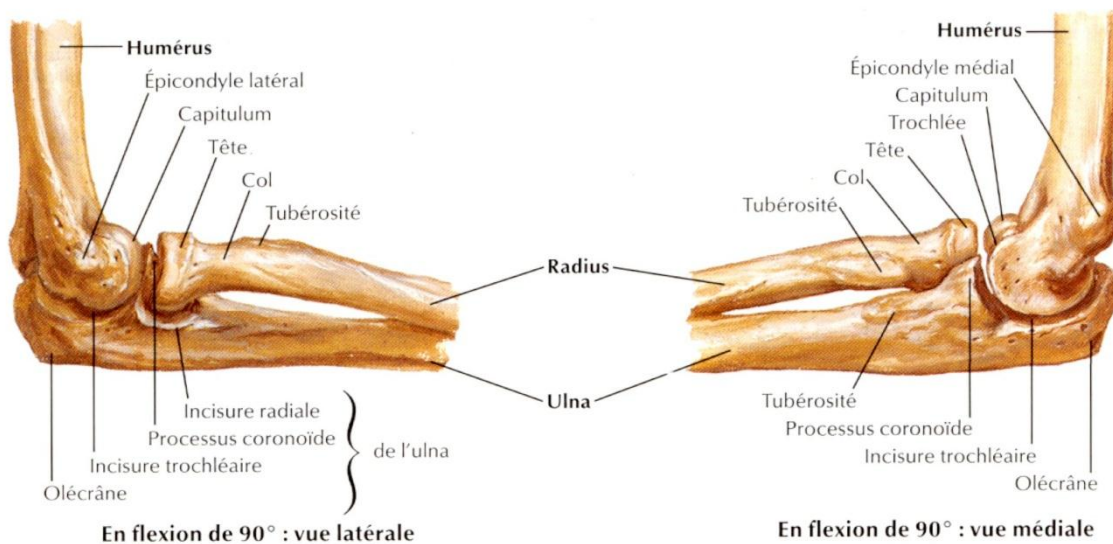
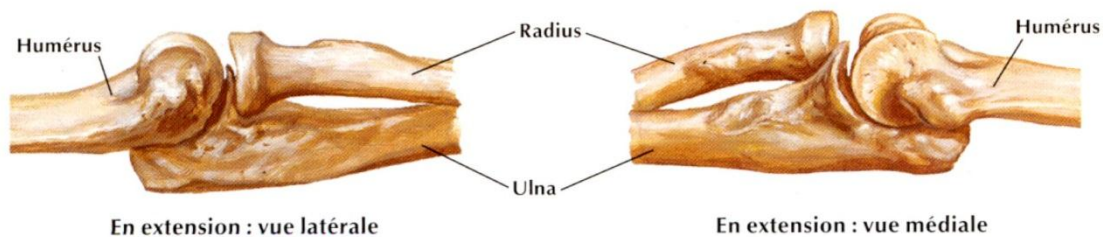
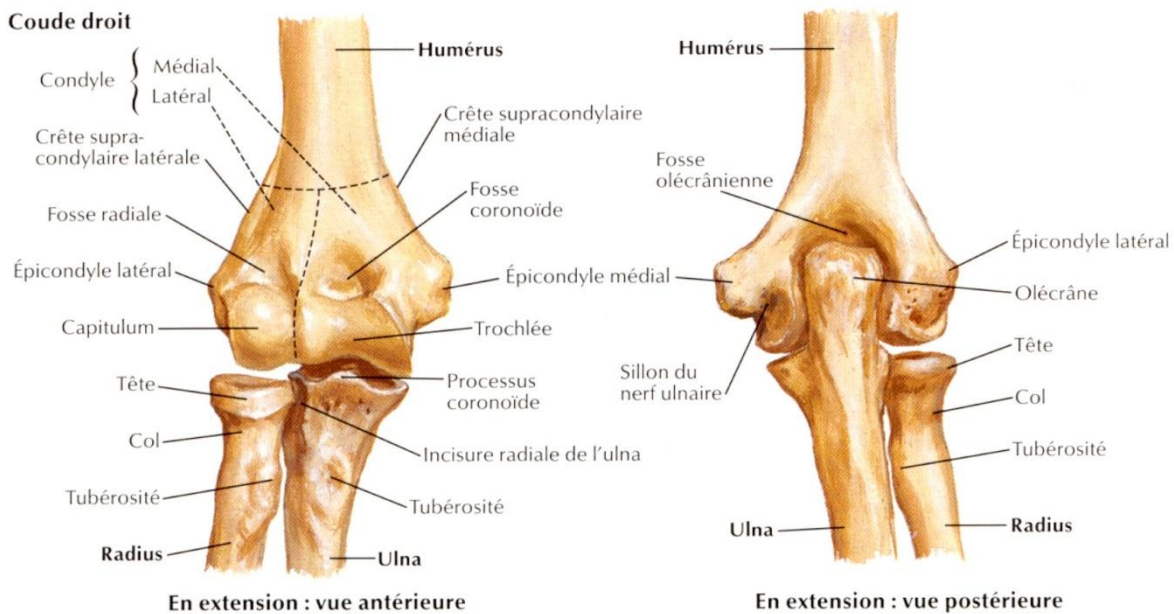




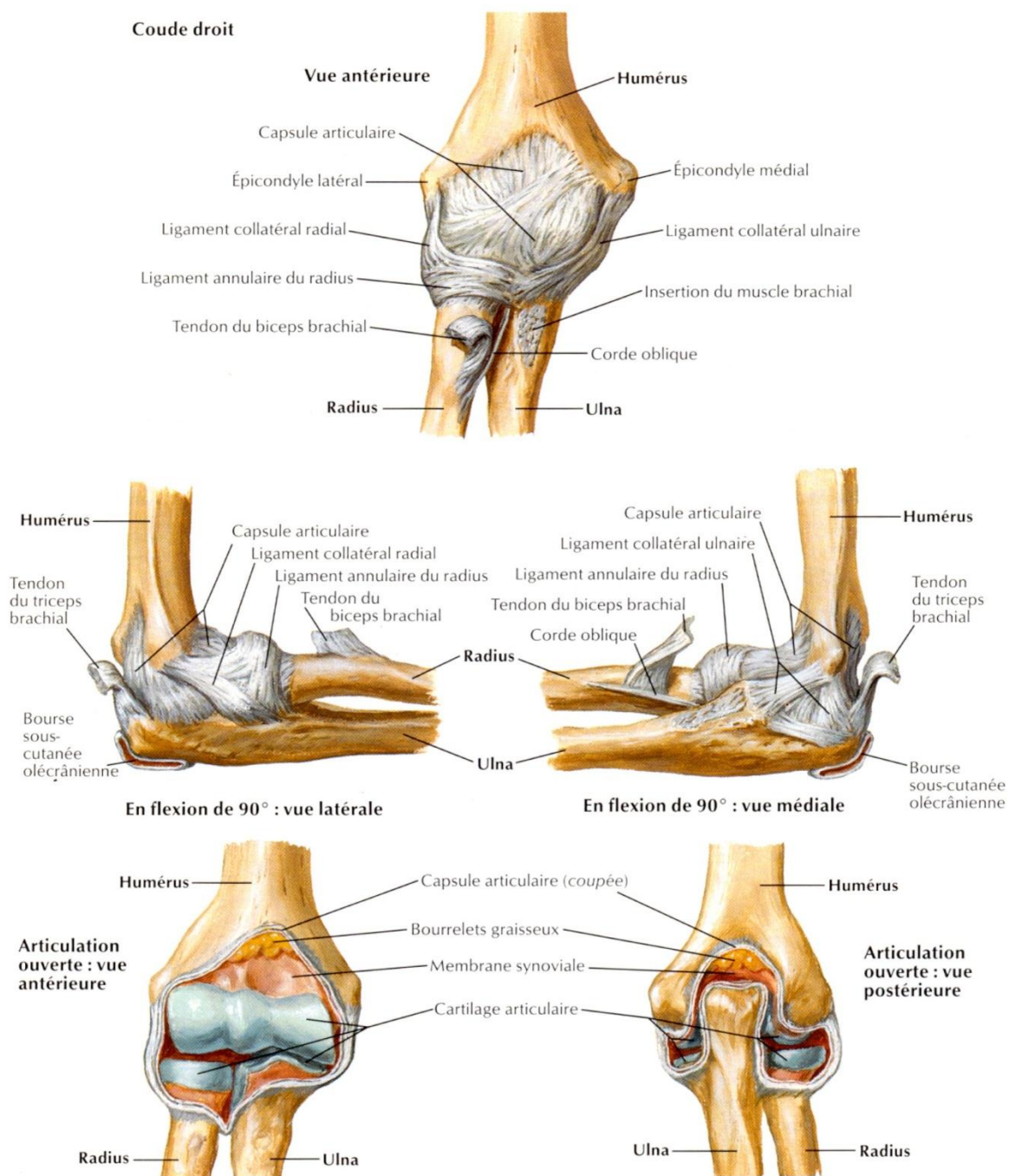


### c. Coude et avant-bras

#### Coude droit

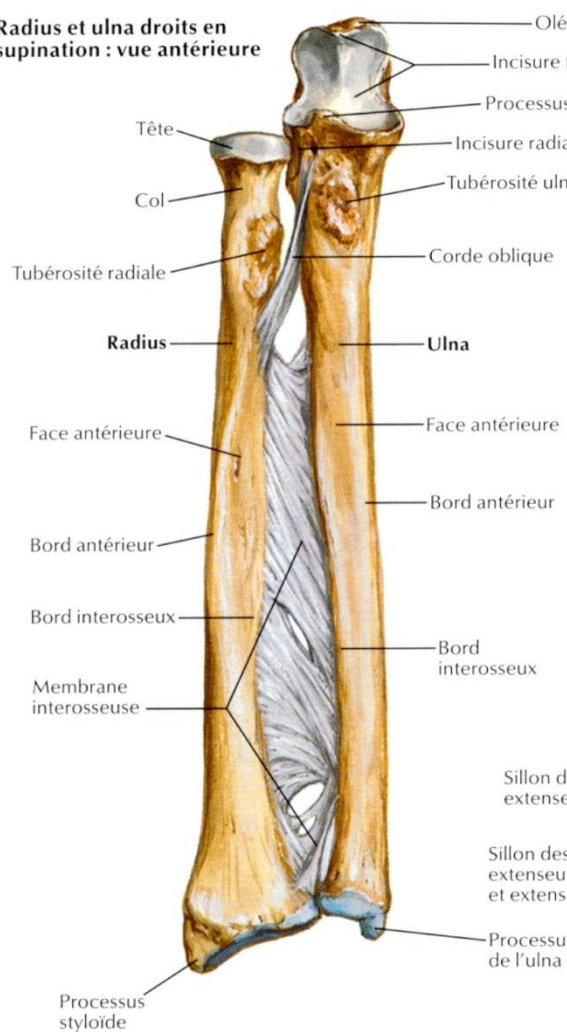


## Coude droit

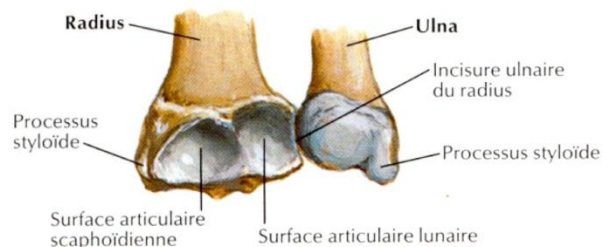




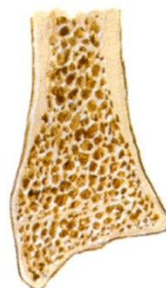
**Radius et ulna droits en supination : vue antérieure**



**Radius et ulna droits en pronation : vue antérieure**

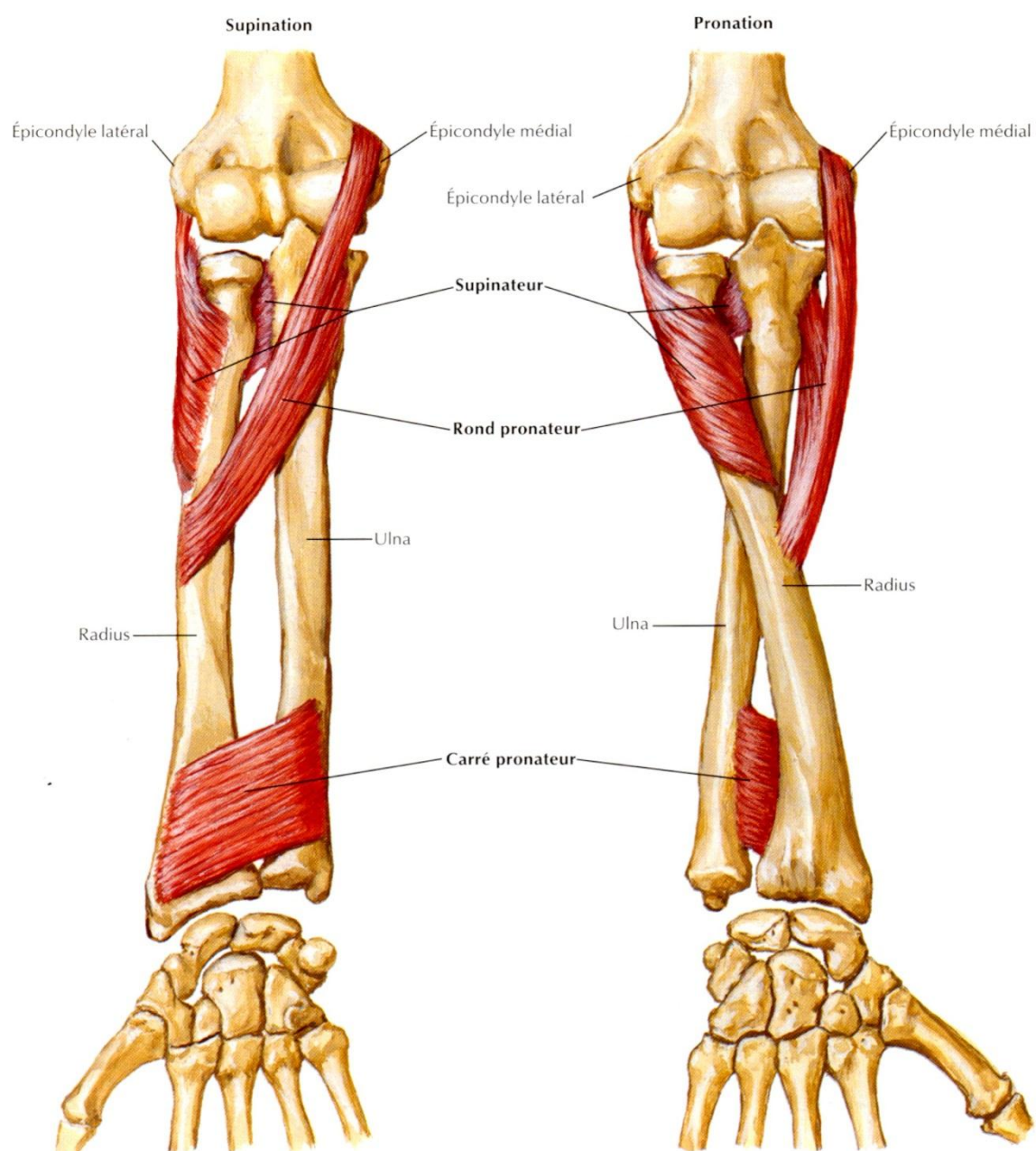


**Surface articulaire carpienne**

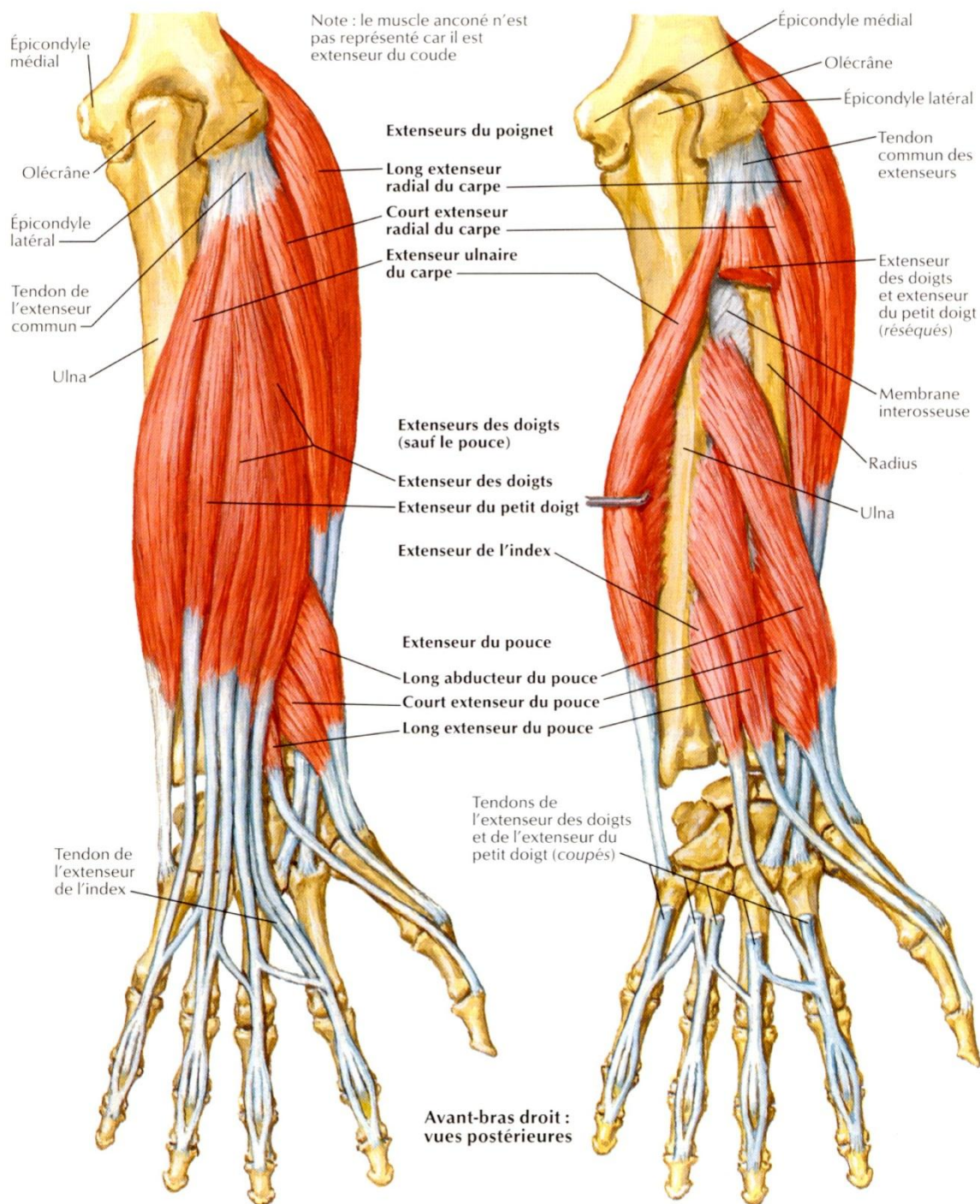


Coupe frontale du radius montrant comment l'épaisseur du cortex osseux du corps diminue jusqu'à une mince couche recouvrant l'os spongieux de l'extrémité distale

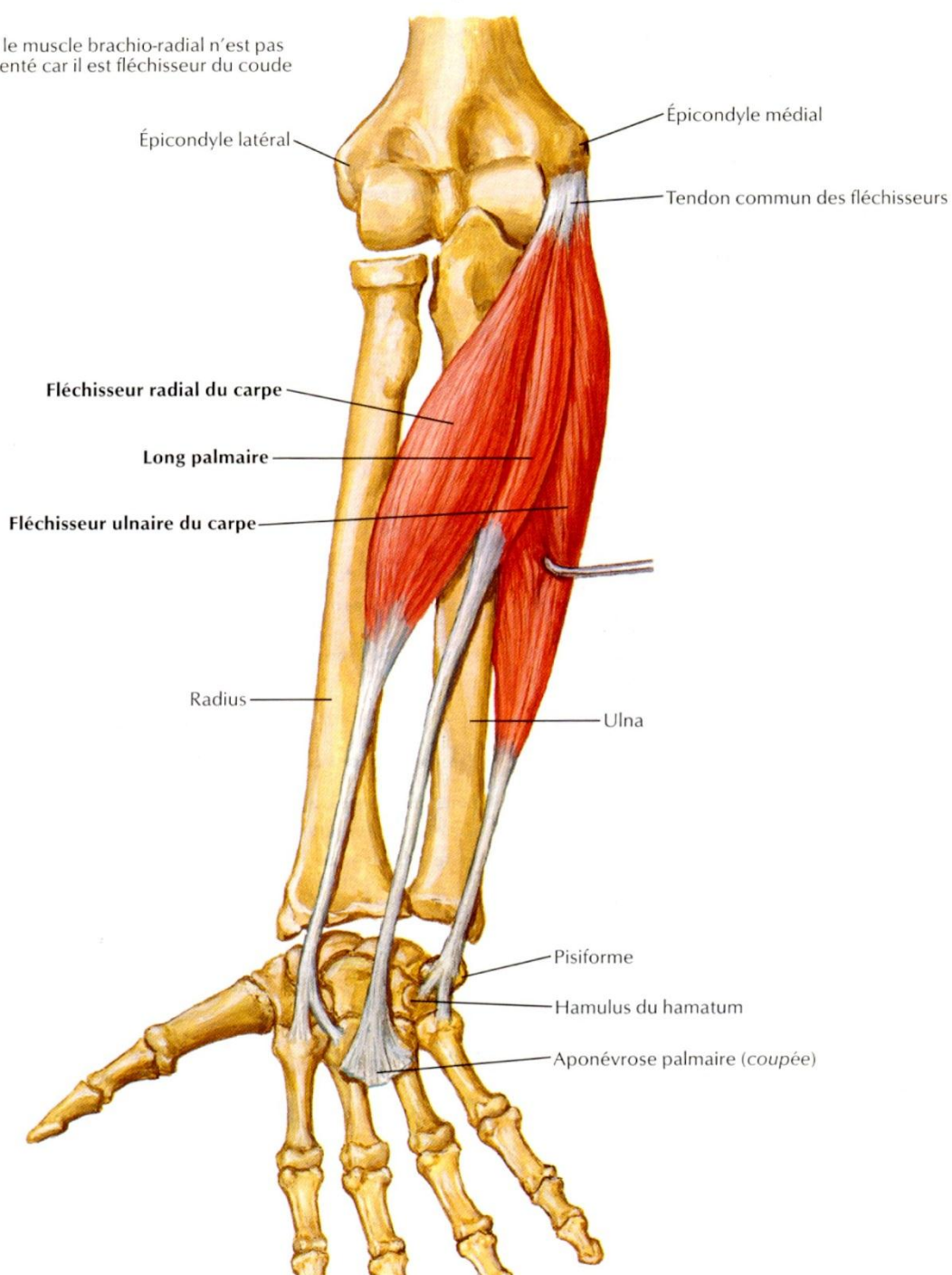
## Avant-bras droit : vue antérieure





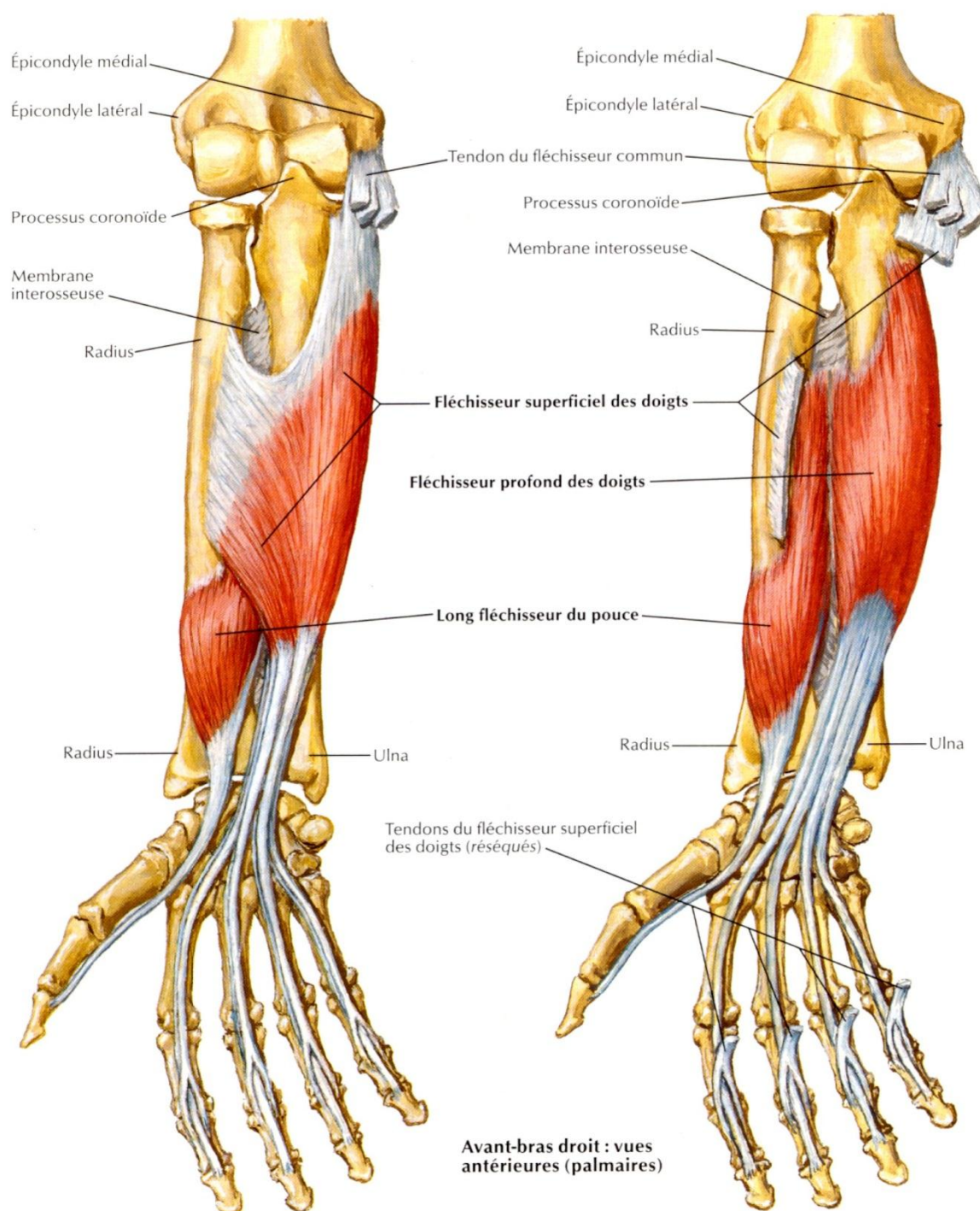


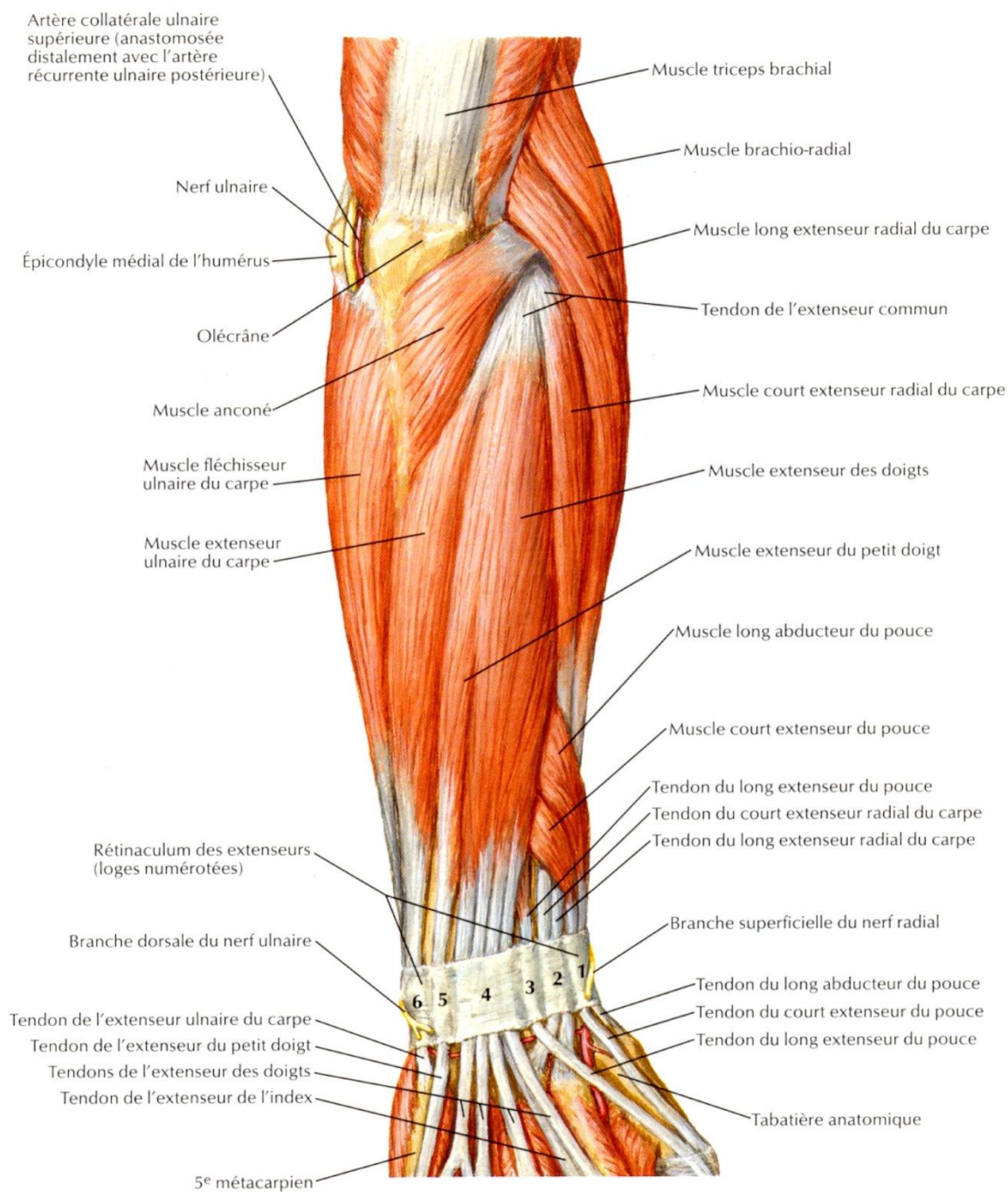
Note : le muscle brachio-radial n'est pas représenté car il est fléchisseur du coude



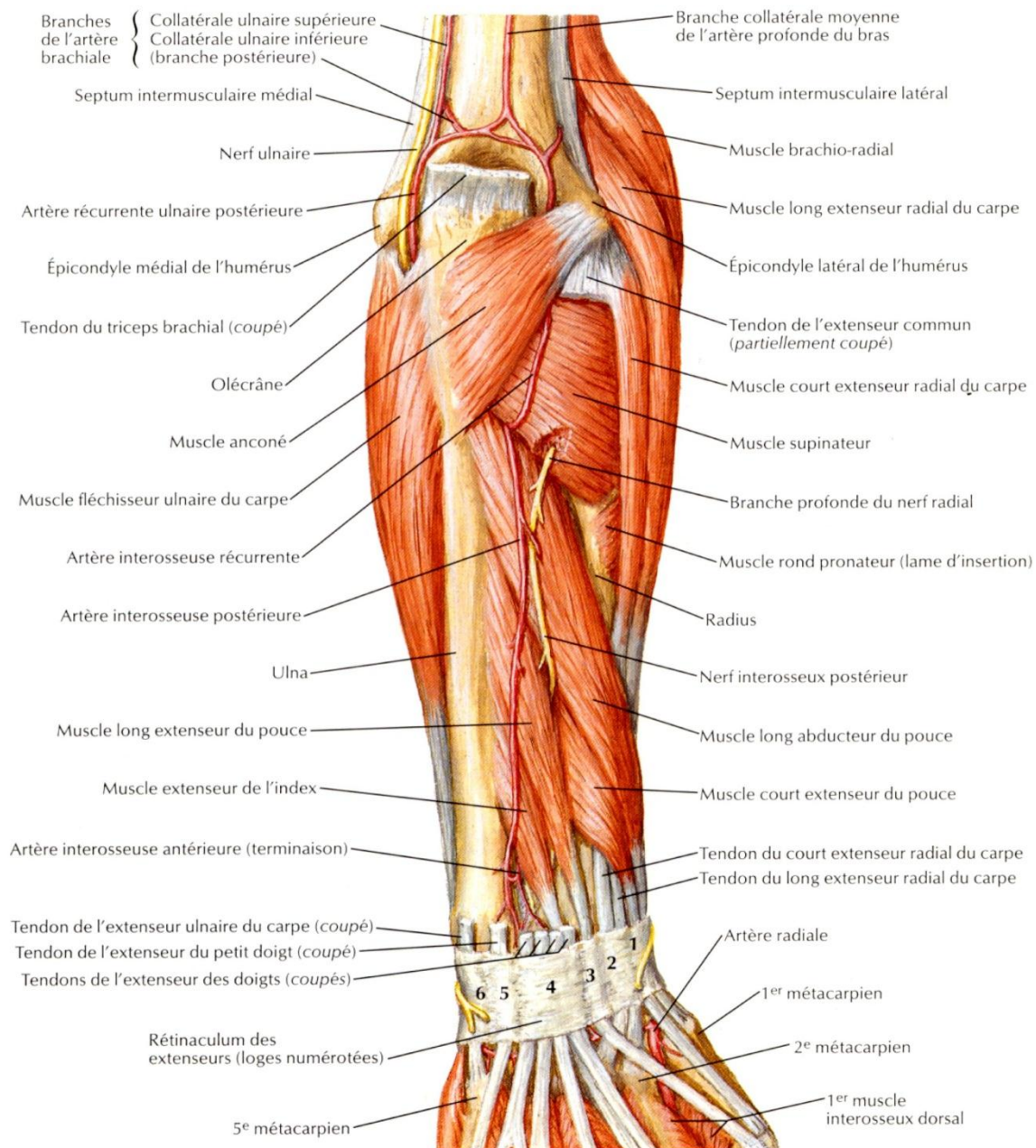
Avant-bras droit :  
vue antérieure (palmaire)

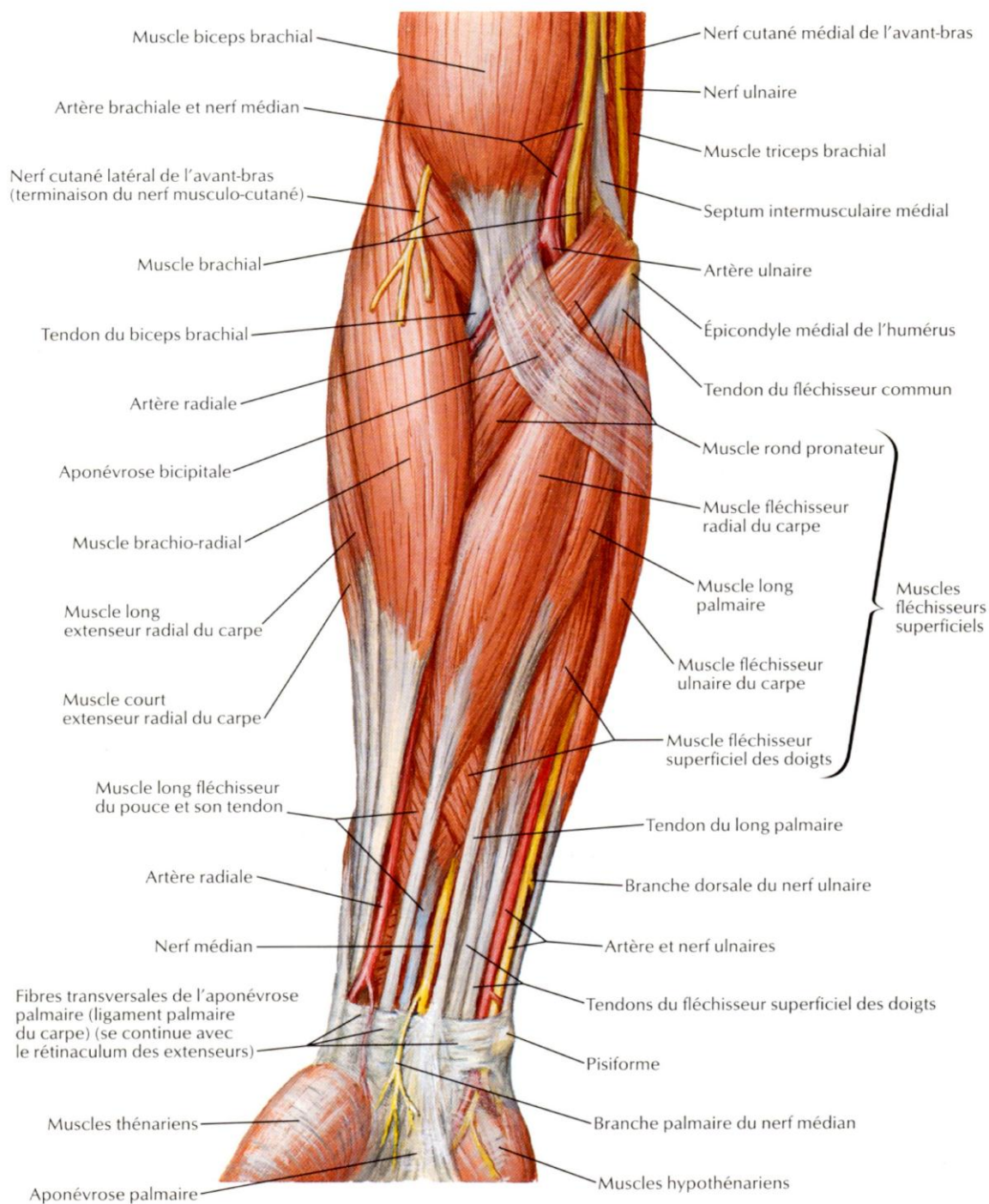




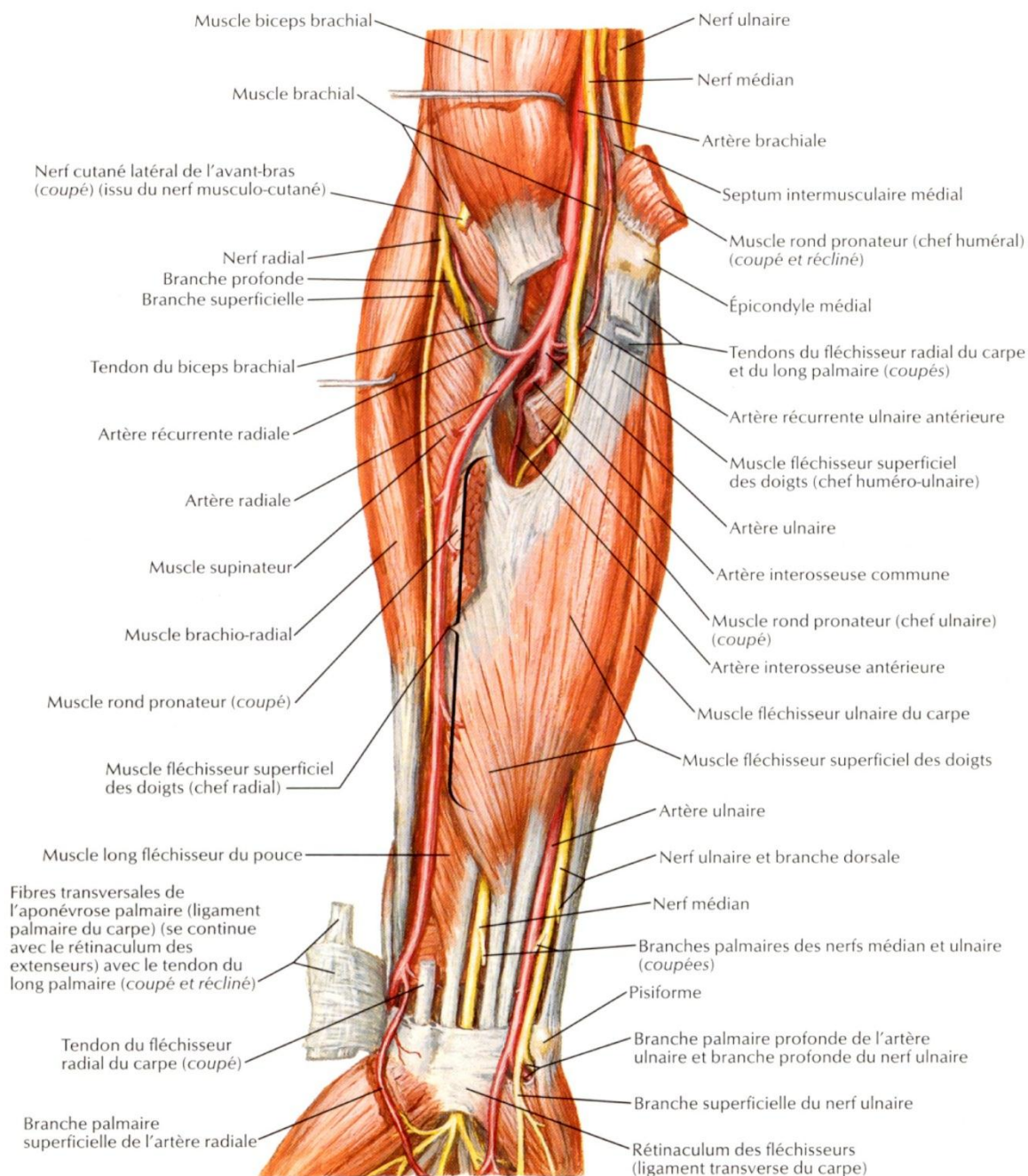


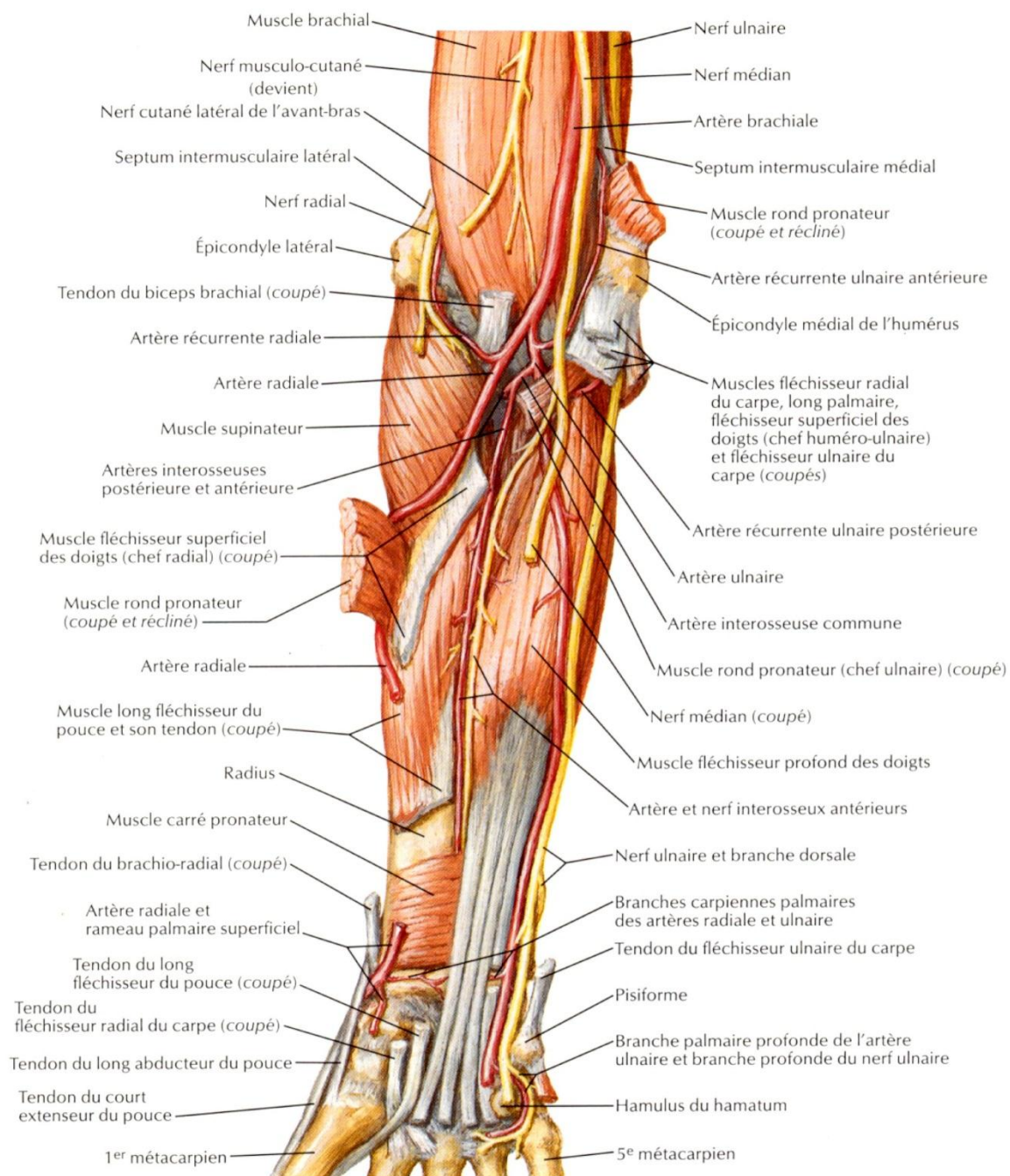




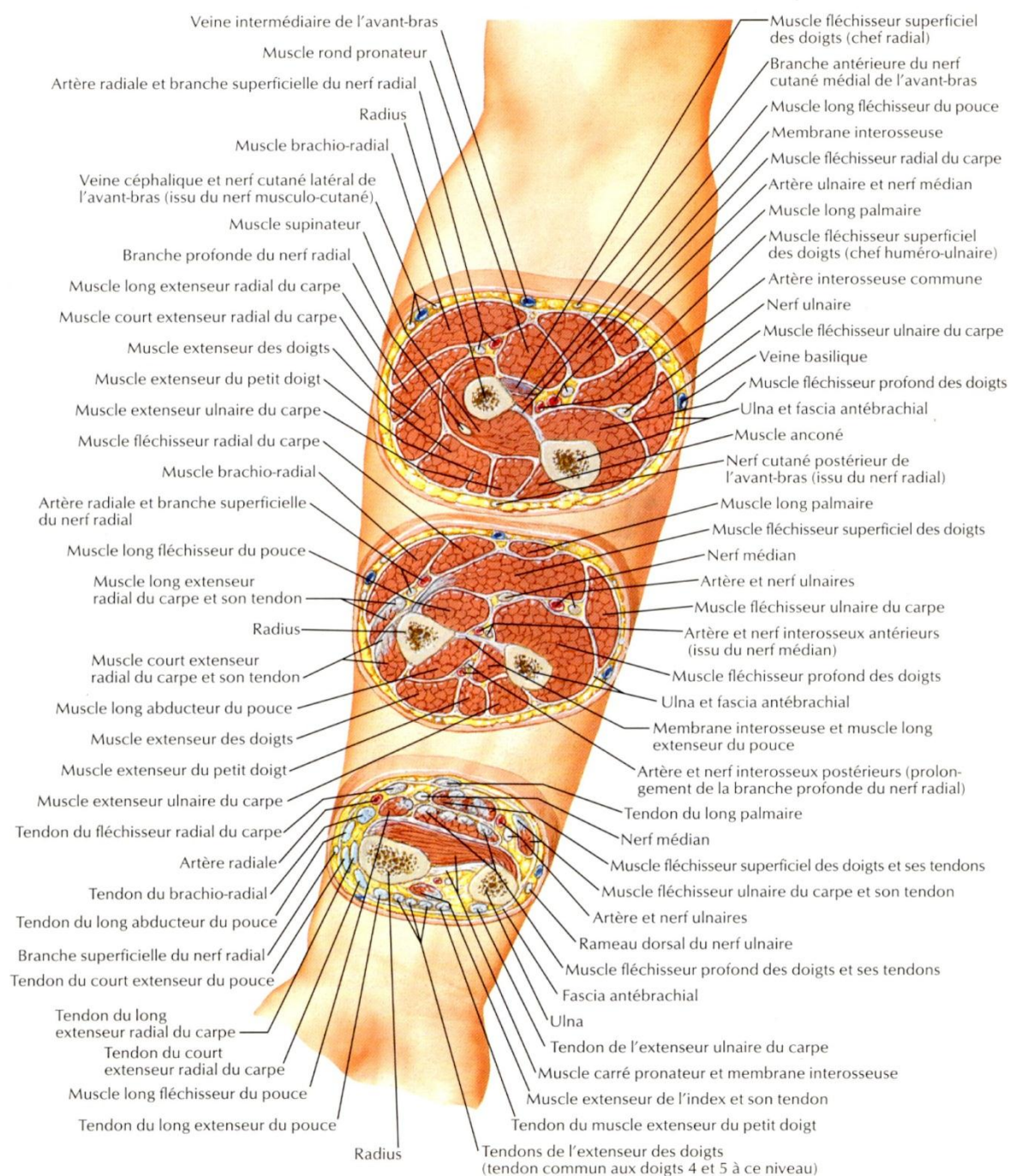


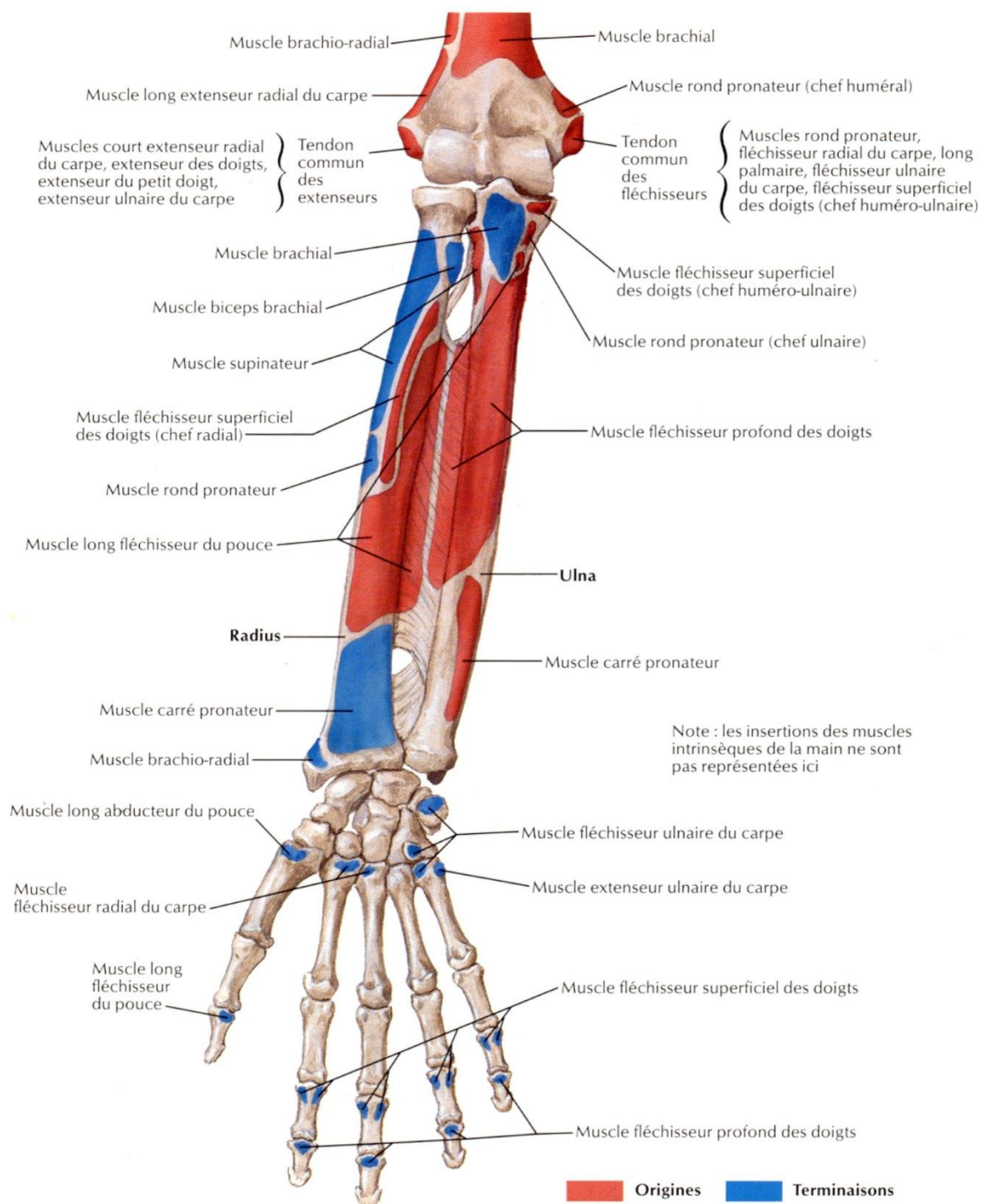






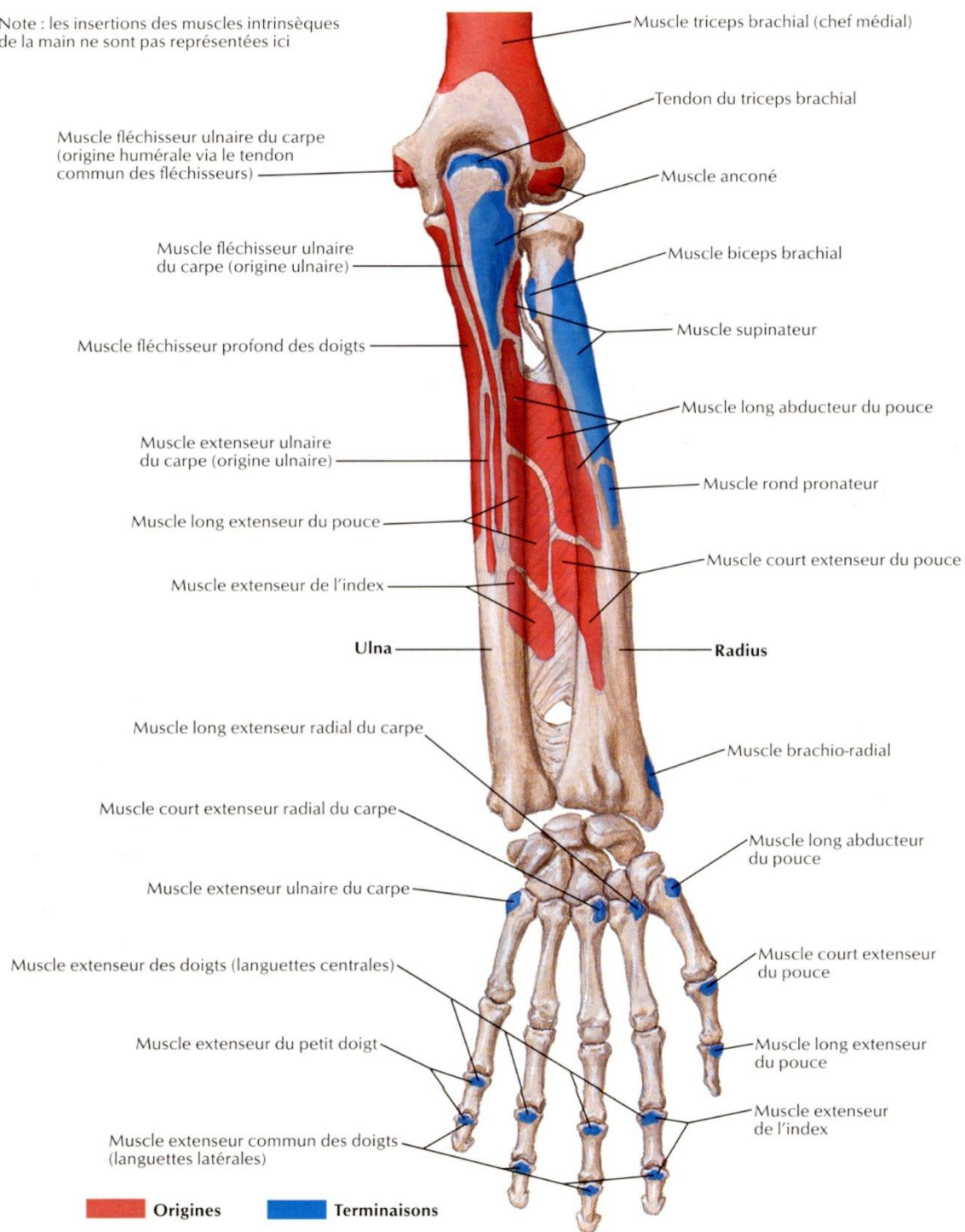




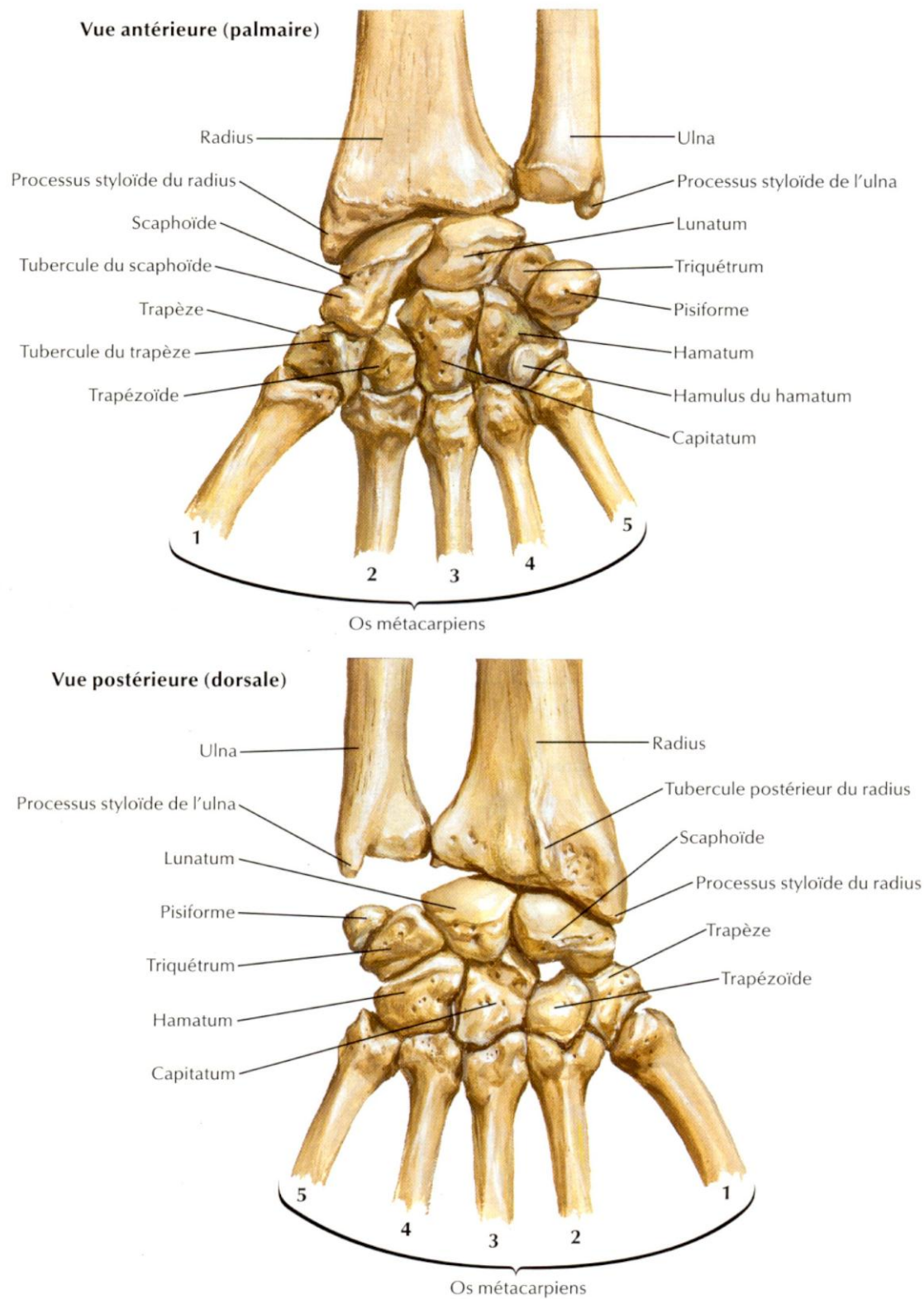




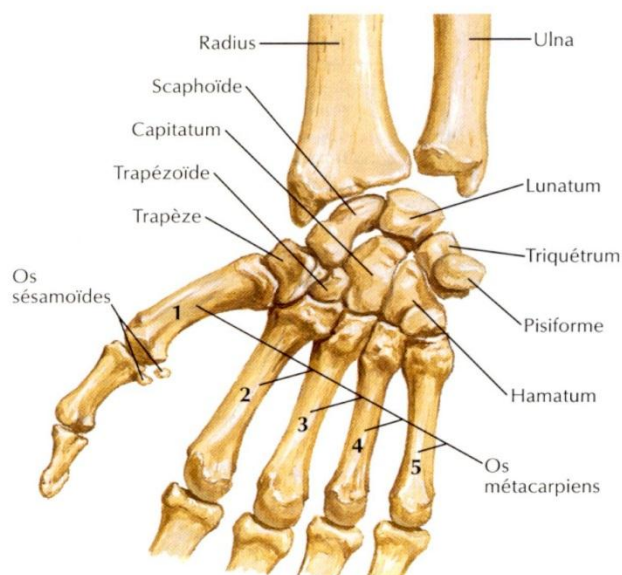
Note : les insertions des muscles intrinsèques de la main ne sont pas représentées ici



## d. Poignet et main



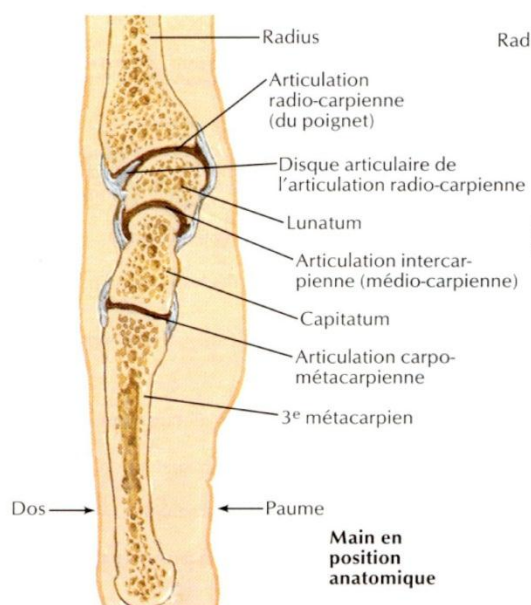




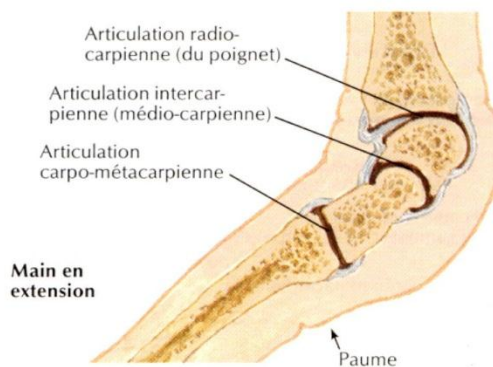
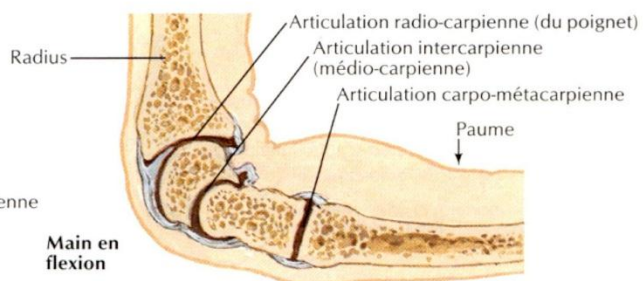
Position des os carpiens avec la main en abduction :  
vue antérieure (palmaire)

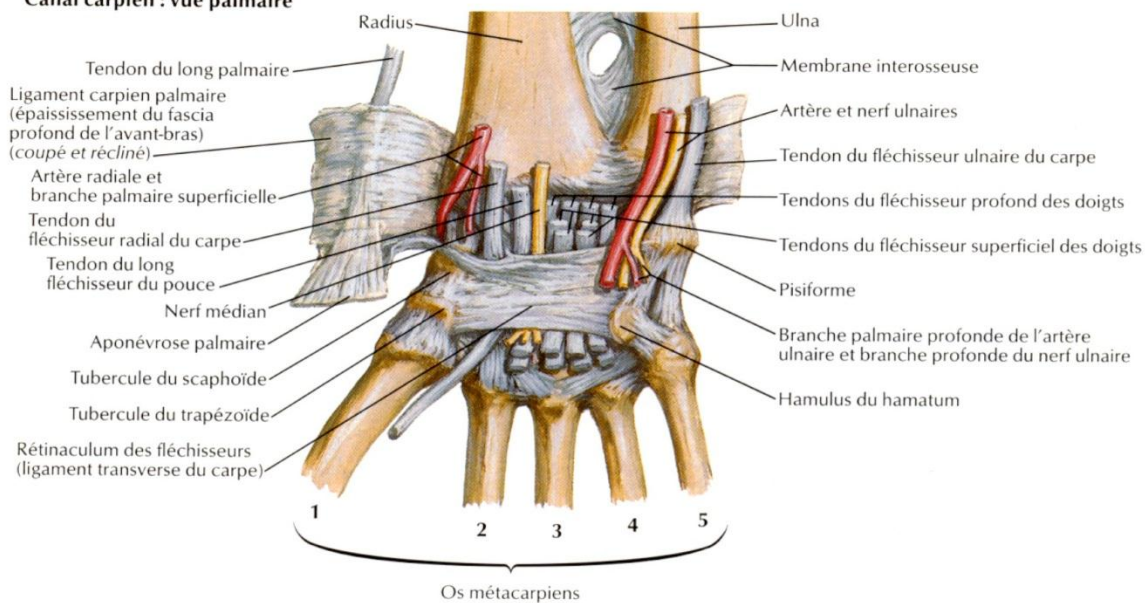
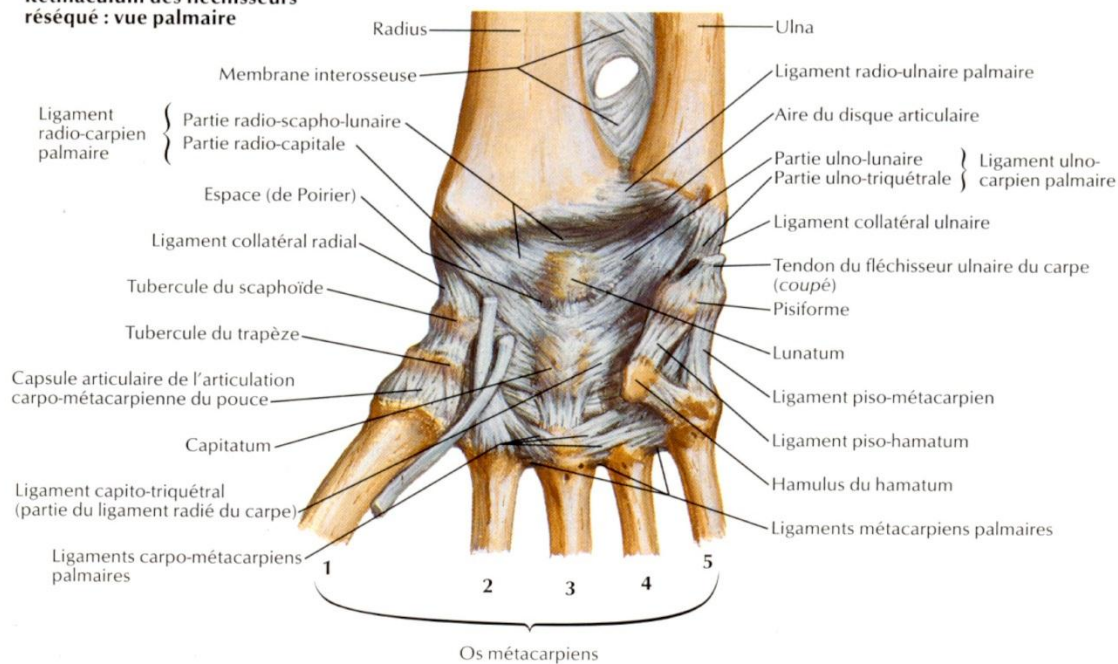


Position des os du carpe avec la main en  
adduction : vue antérieure (palmaire)

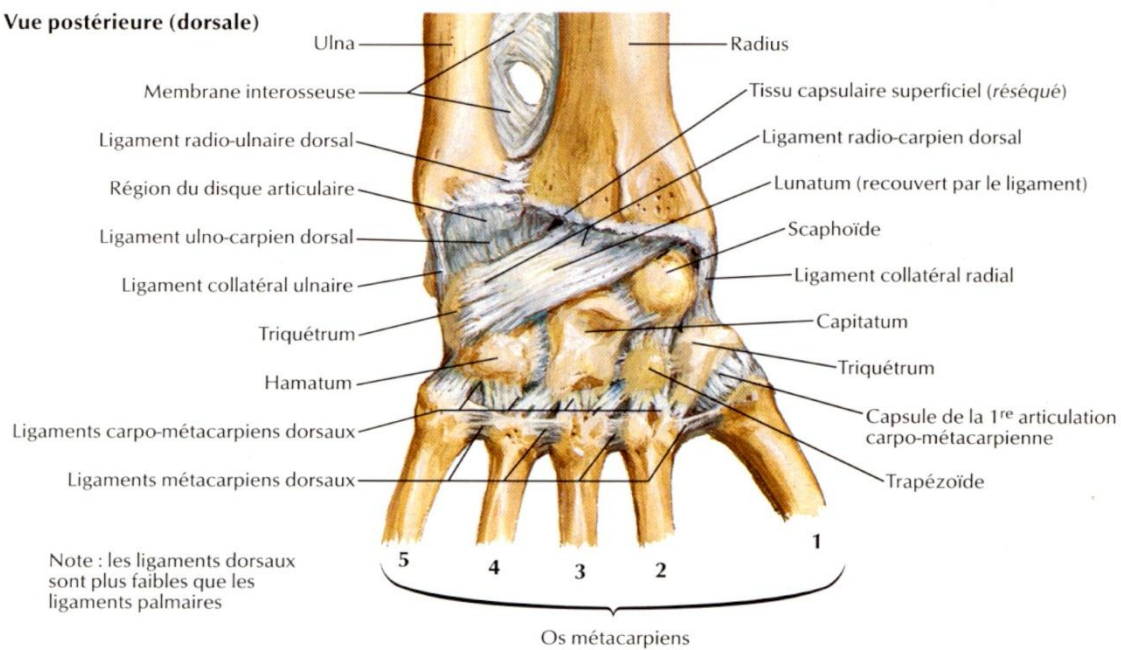
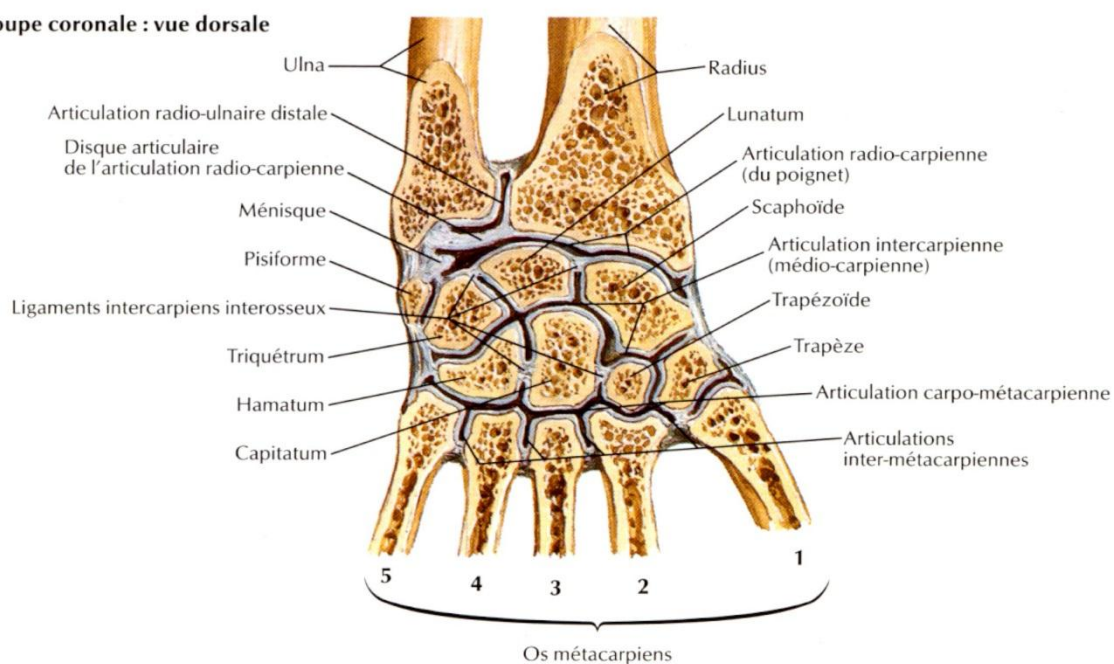


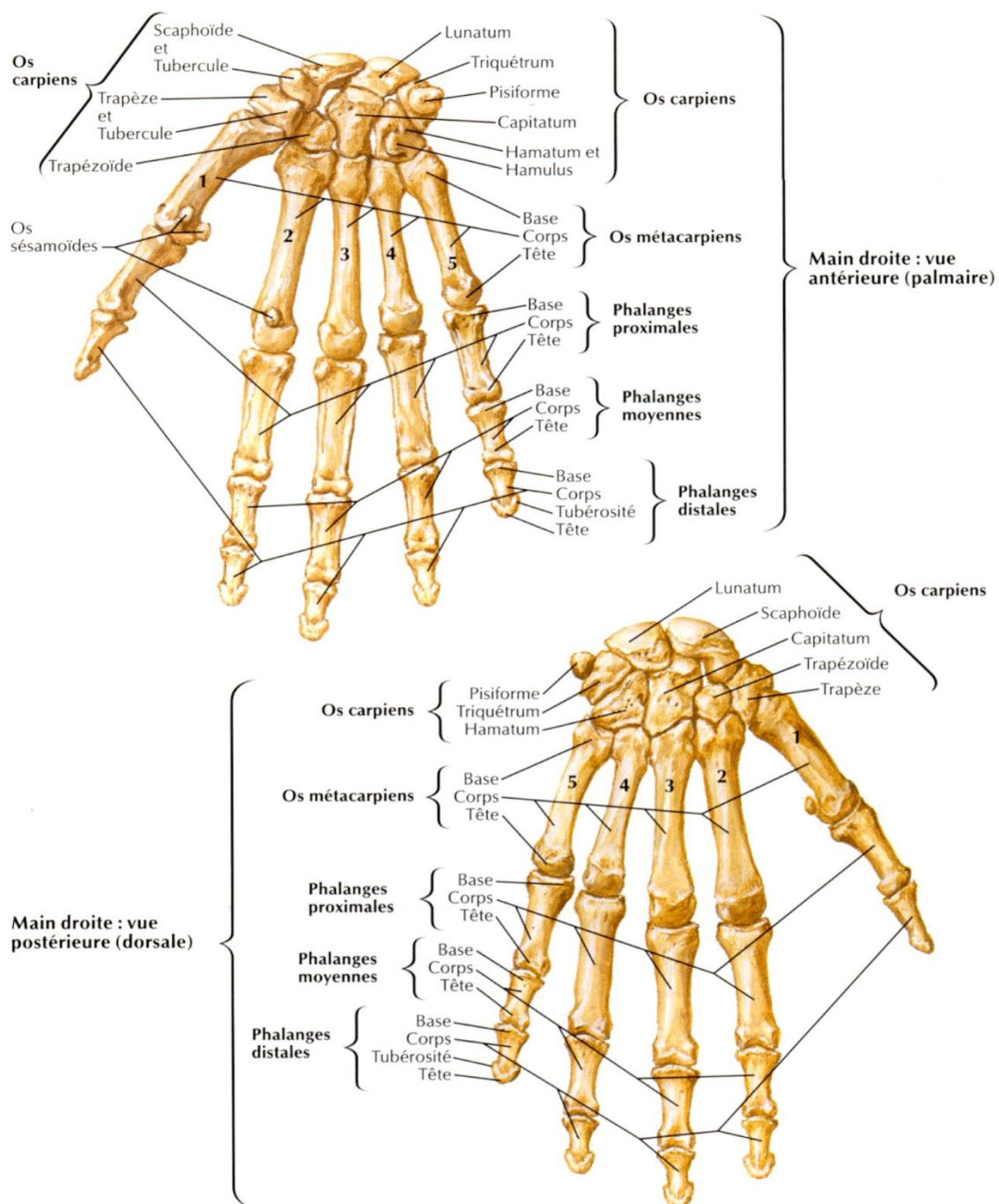
Coupes sagittales à travers le poignet  
et le milieu du doigt



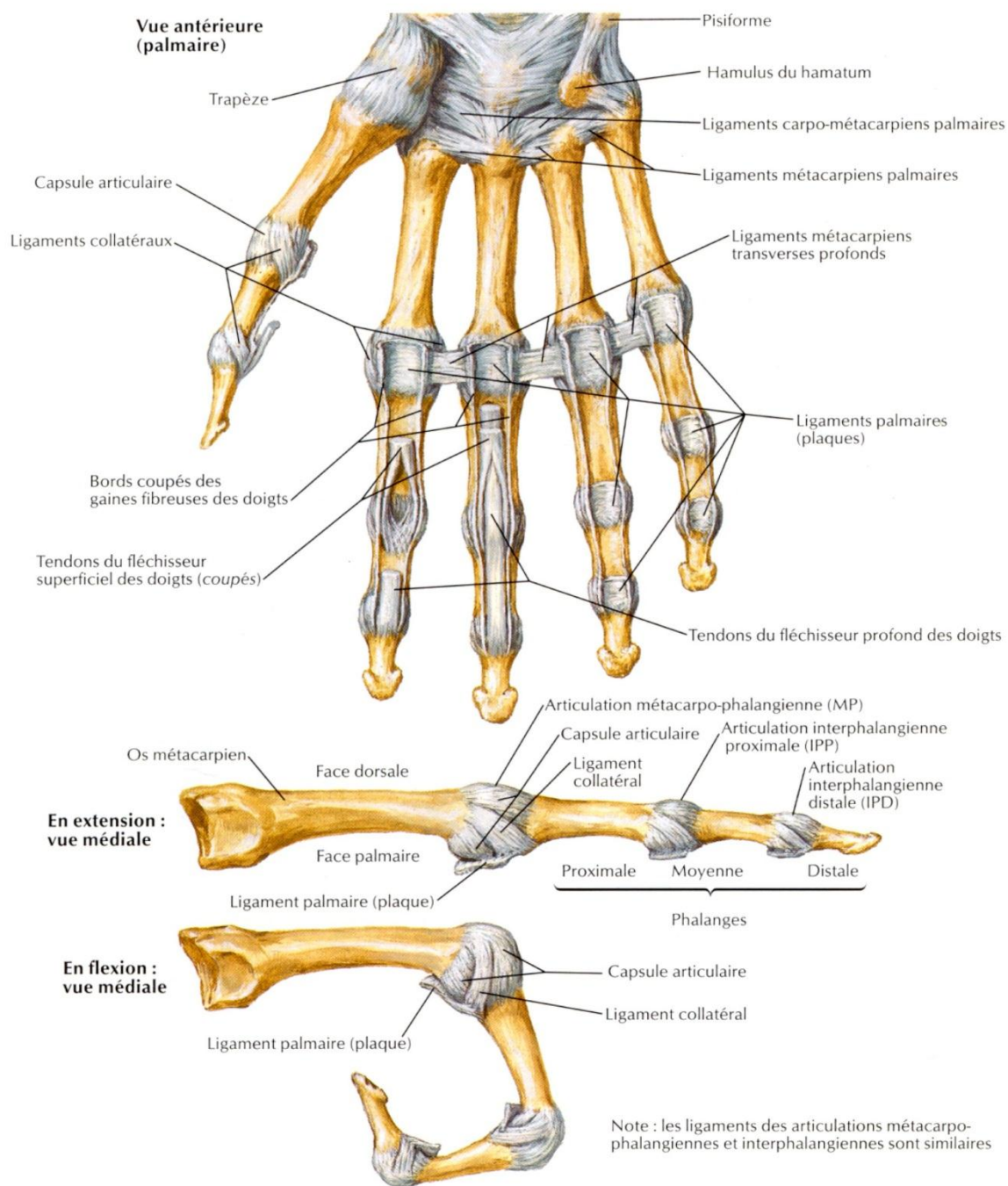
**Canal carpien : vue palmaire****Rétinaculum des fléchisseurs réséqué : vue palmaire**

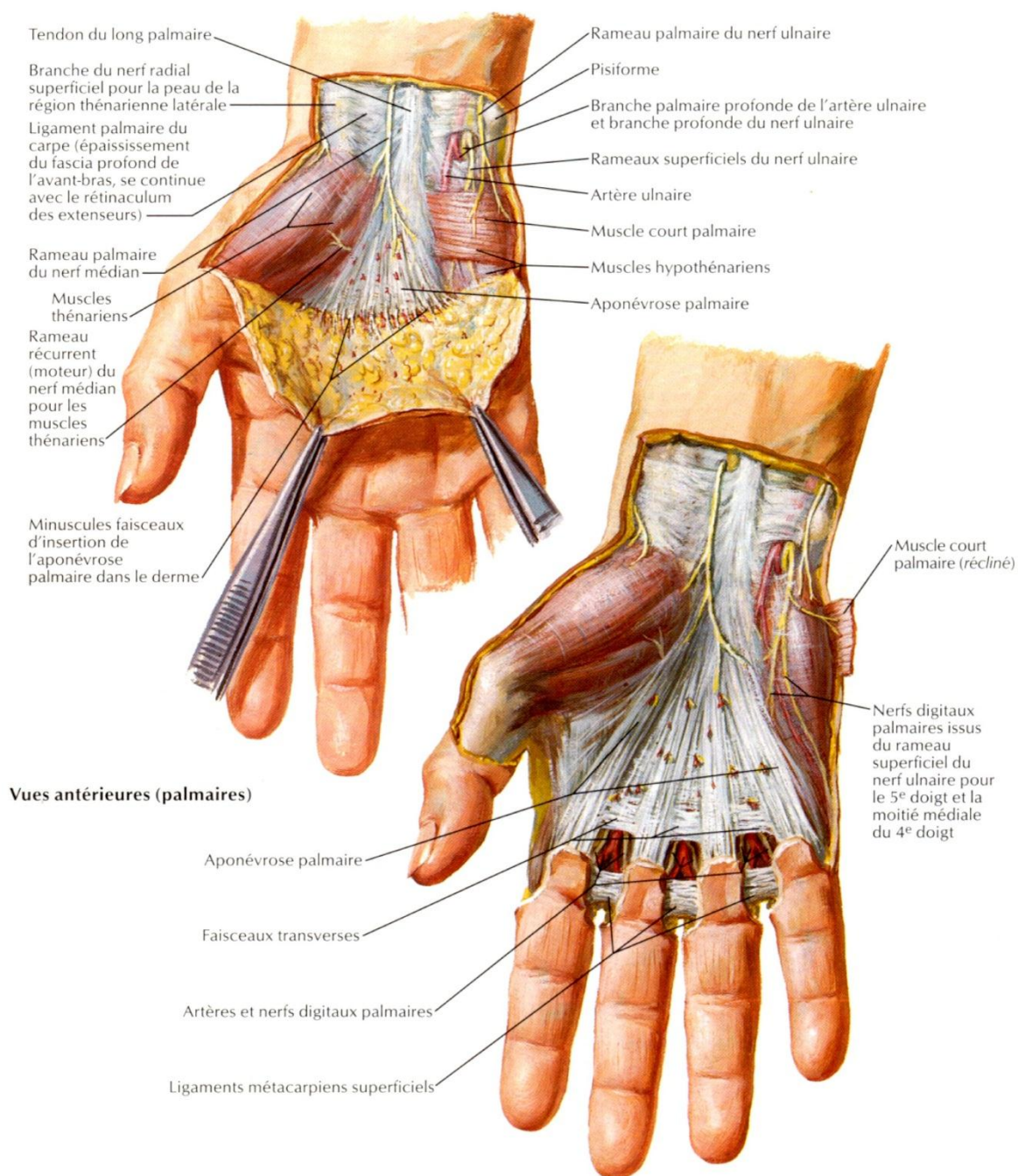


**Vue postérieure (dorsale)****Coupe coronale : vue dorsale**

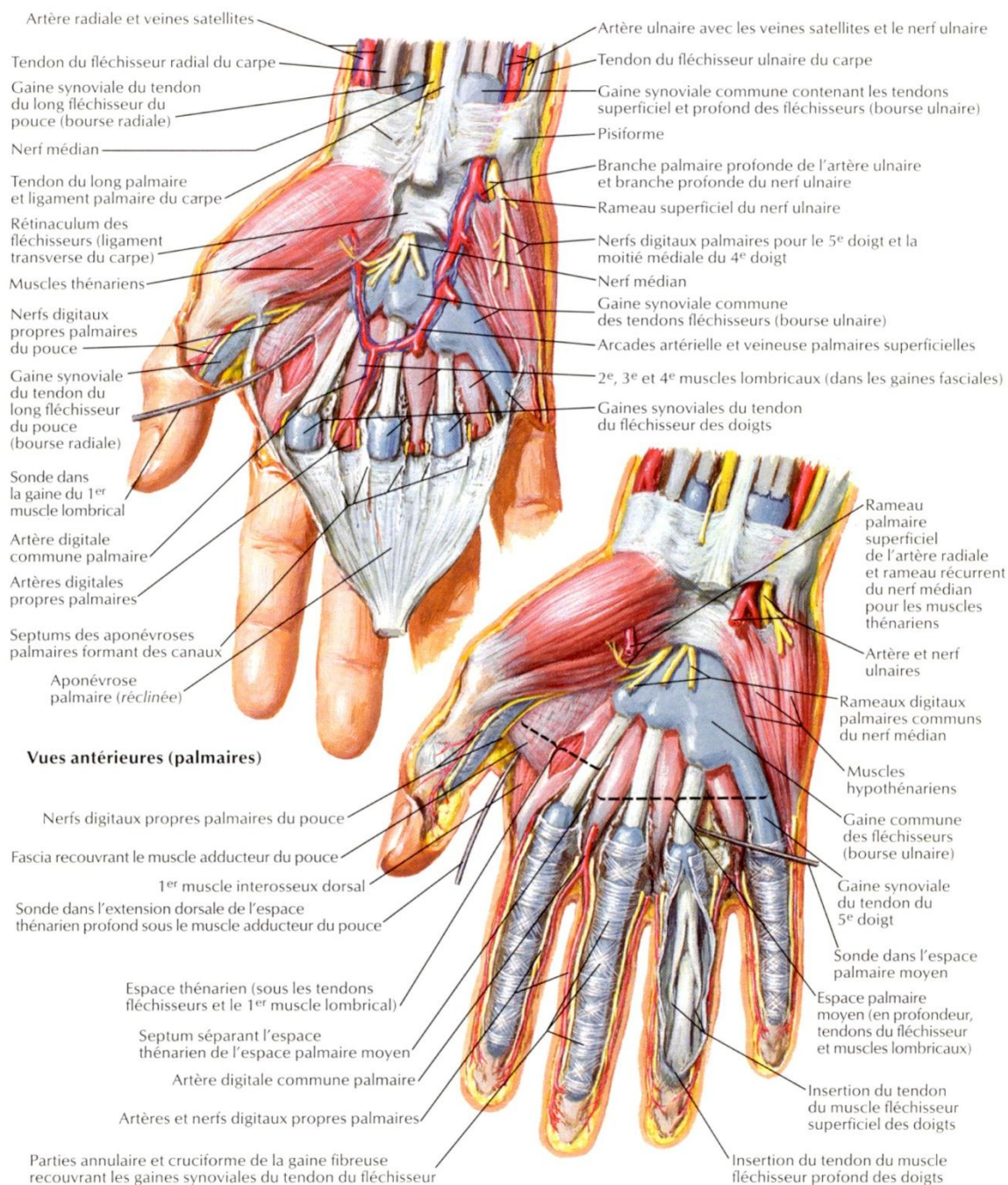




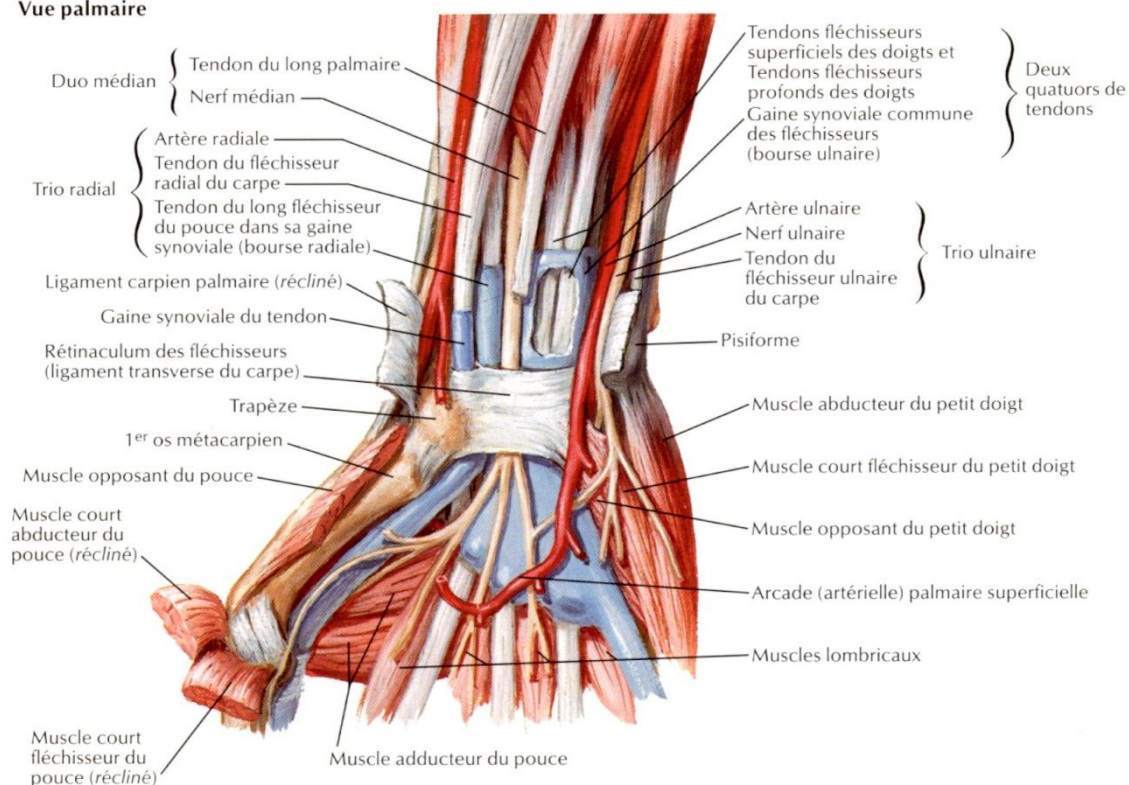




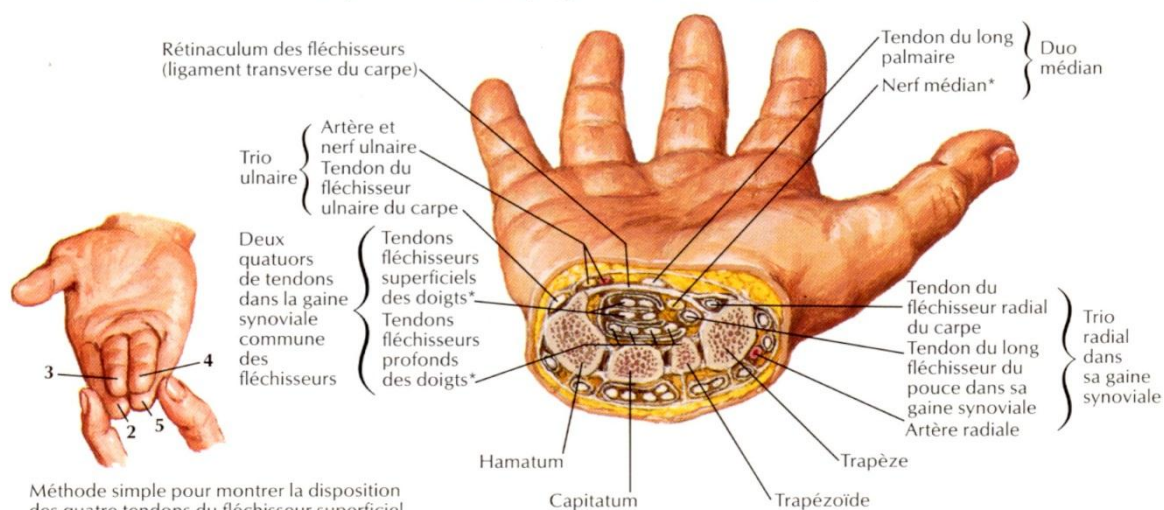




### Vue palmaire

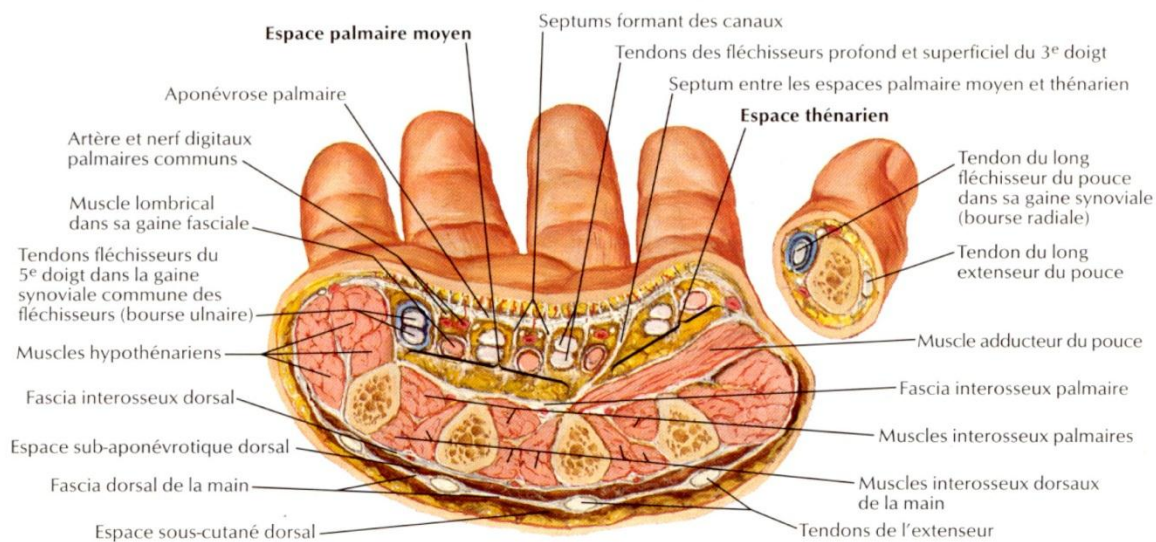
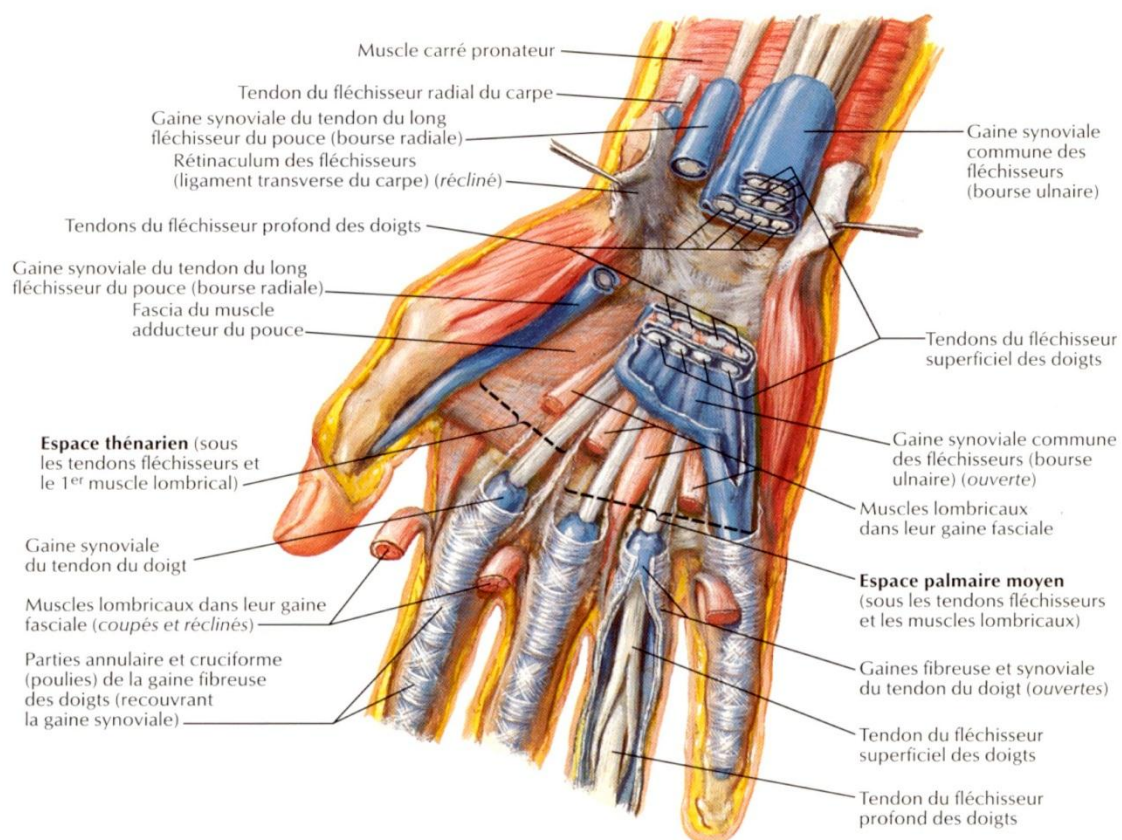


### Coupe transversale du poignet montrant le canal carpien



\* Contenu du canal carpien





**Disposition habituelle**

Gaine synoviale du tendon du fléchisseur du pouce (bourse radiale)

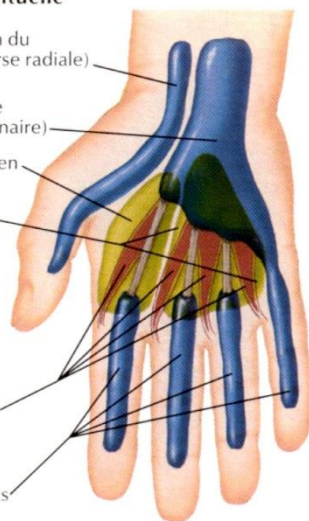
Gaine synoviale commune des fléchisseurs (bourse ulnaire)

Espace thénarien

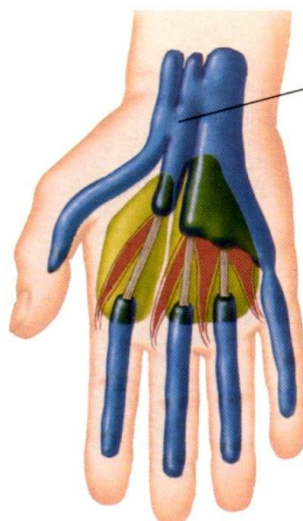
Espace moyen palmaire

Muscles lombricaux (dans leur gaine fasciale)

Gaines synoviales des tendons des doigts

**Variation fréquente**

Gaine intermédiaire (communication entre la gaine synoviale commune des fléchisseurs [bourse ulnaire] et la gaine synoviale du tendon du long fléchisseur du pouce [bourse radiale])

**Muscles lombricaux : schéma**

Tendons du fléchisseur profond des doigts

1<sup>er</sup> et 2<sup>e</sup> muscles lombricaux (unipennés)

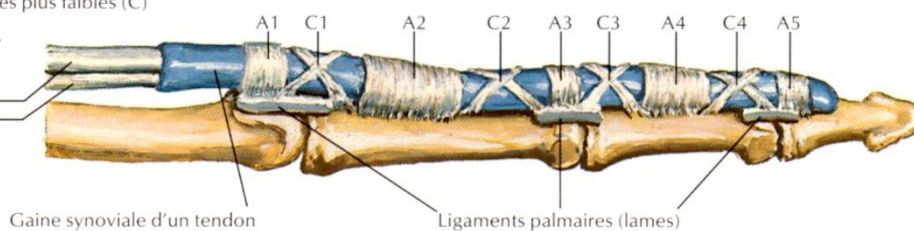
3<sup>e</sup> et 4<sup>e</sup> muscles lombricaux (bipennés)

Chiasma de Camper

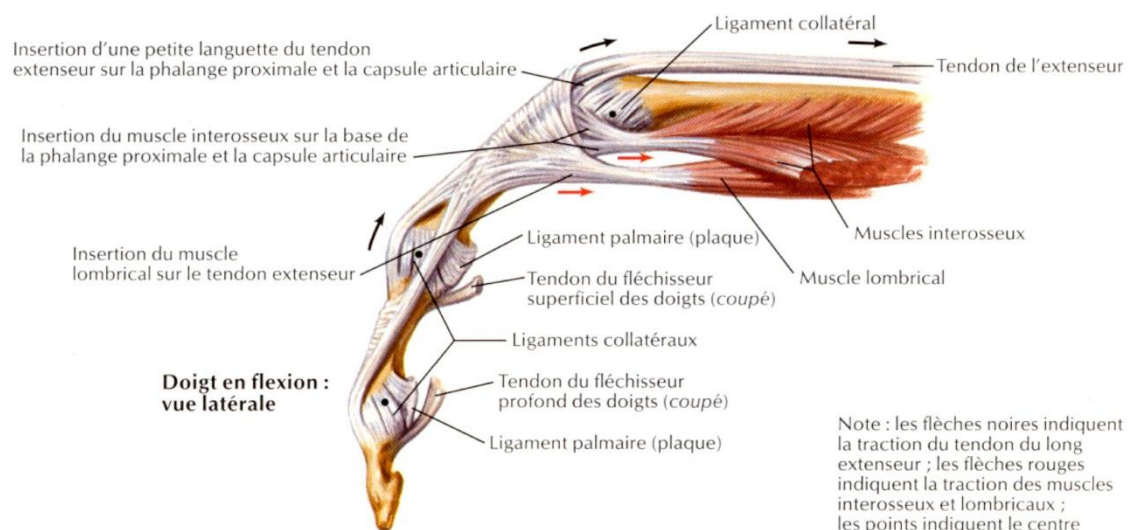
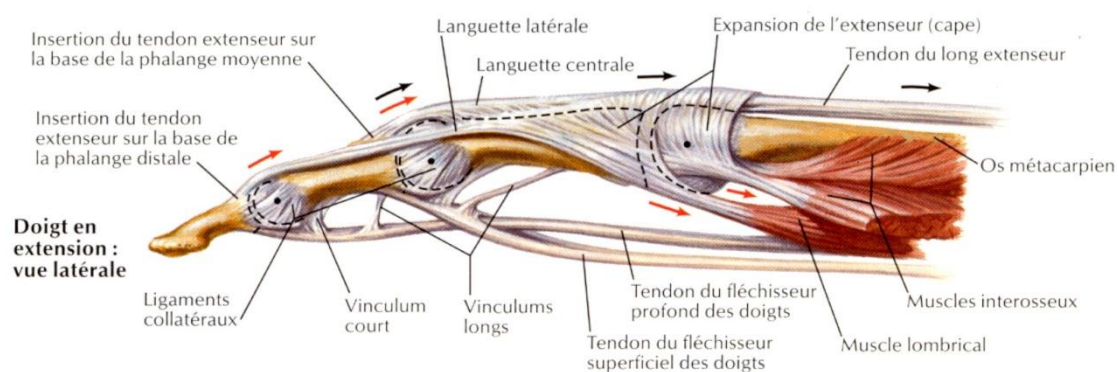
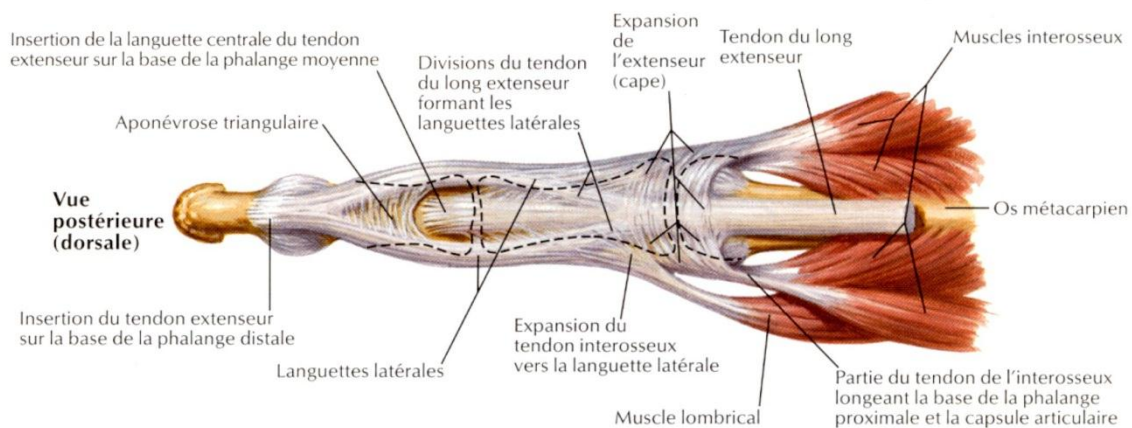
Tendons du fléchisseur superficiel des doigts (coupés)

Note : les tendons fléchisseurs superficiel et profond des doigts enveloppés de leur gaine synoviale sont liés à la phalange par les gaines fibreuses des doigts qui alternent les parties (poules) annulaires solides (A) et cruciformes plus faibles (C)

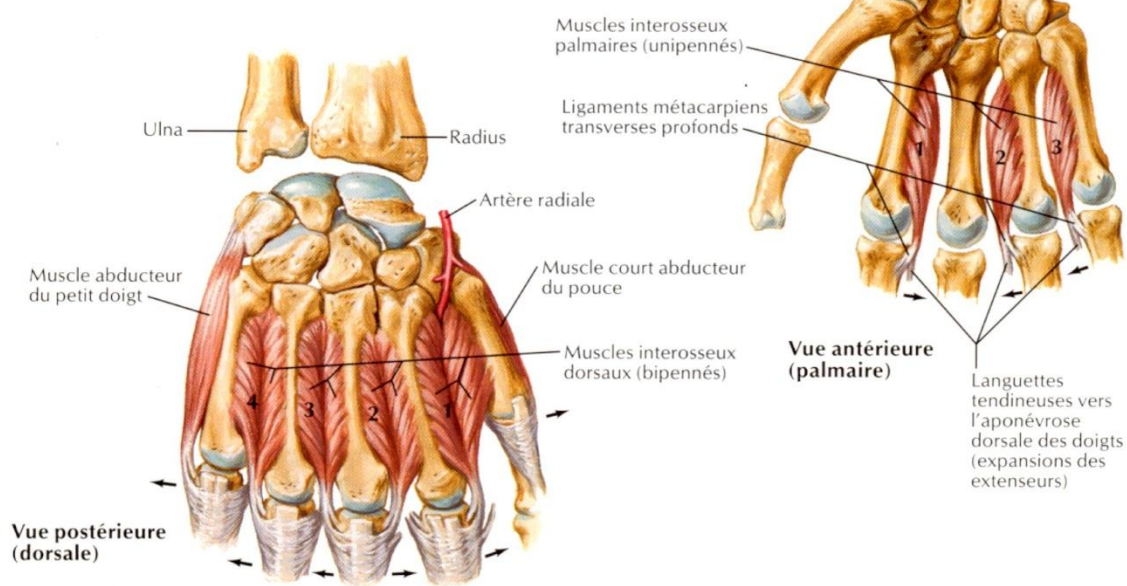
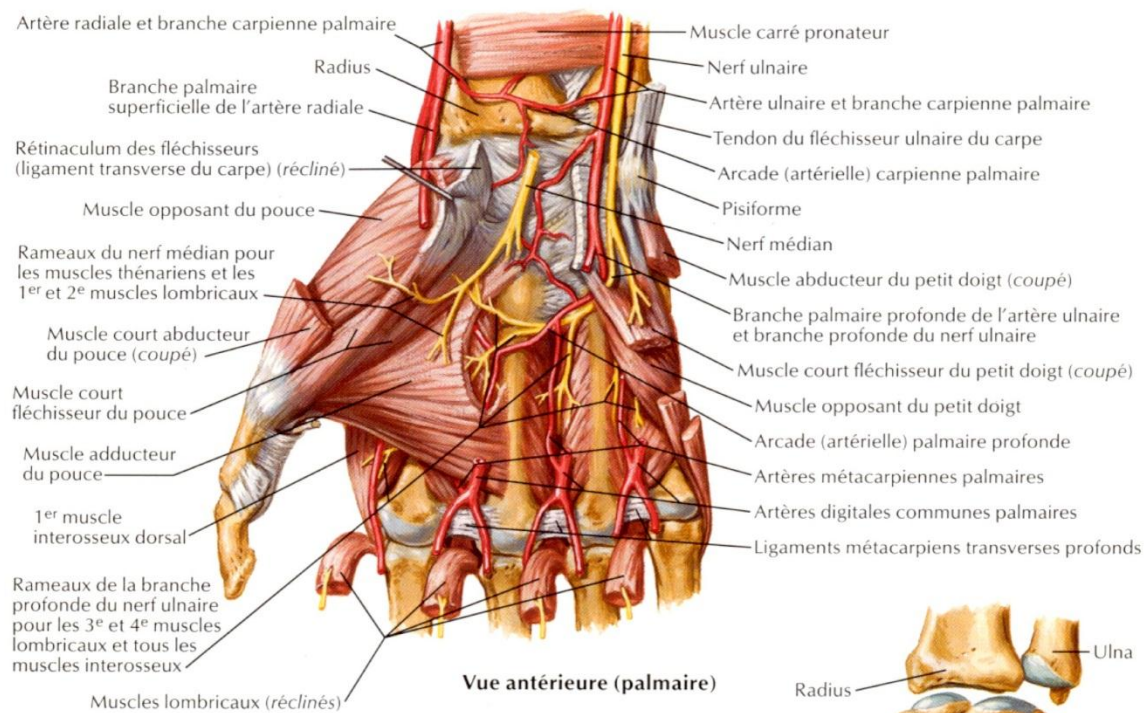
Tendons des muscles fléchisseurs superficiel et profond des doigts





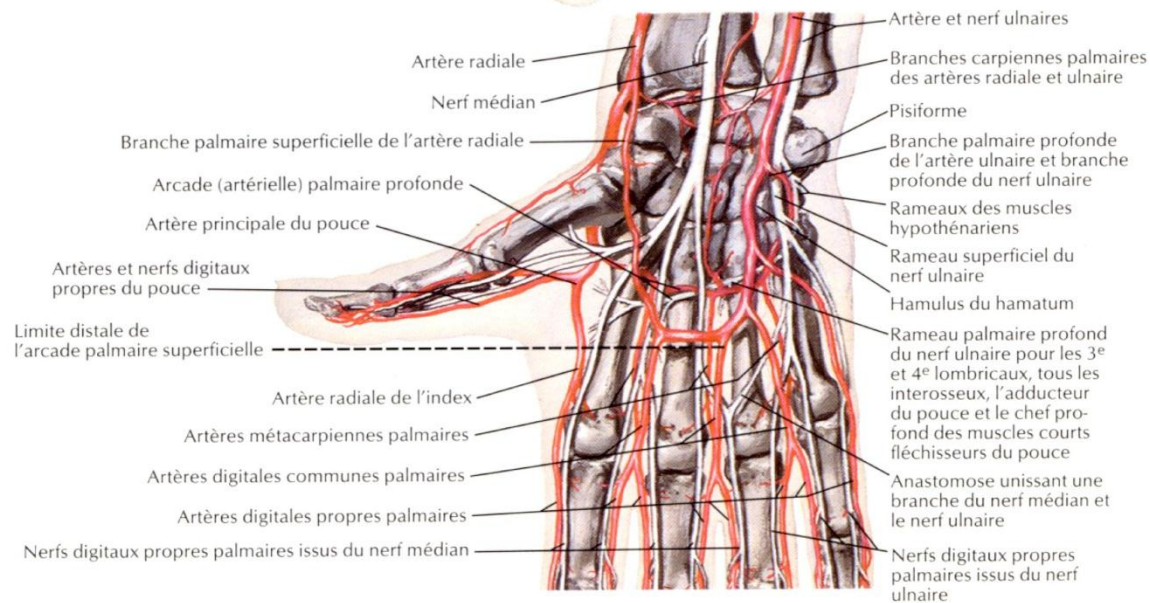
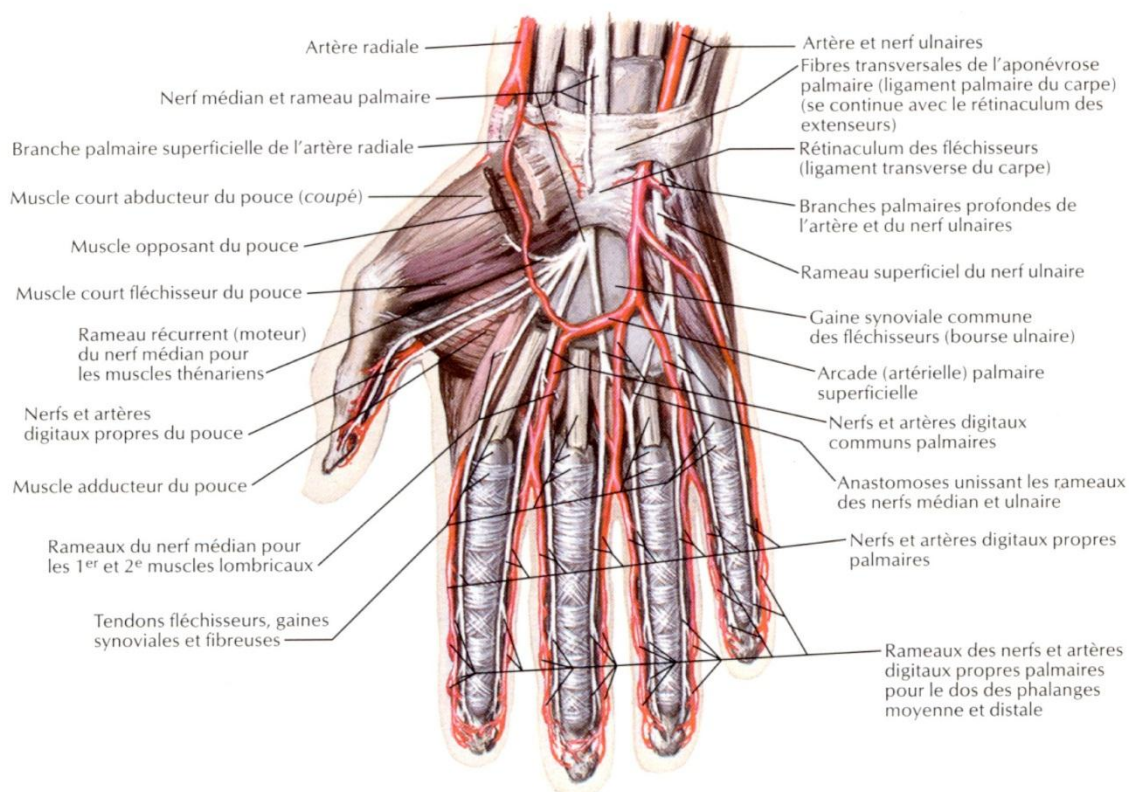


Note : les flèches noires indiquent la traction du tendon du long extenseur ; les flèches rouges indiquent la traction des muscles interosseux et lombricaux ; les points indiquent le centre de rotation des articulations.

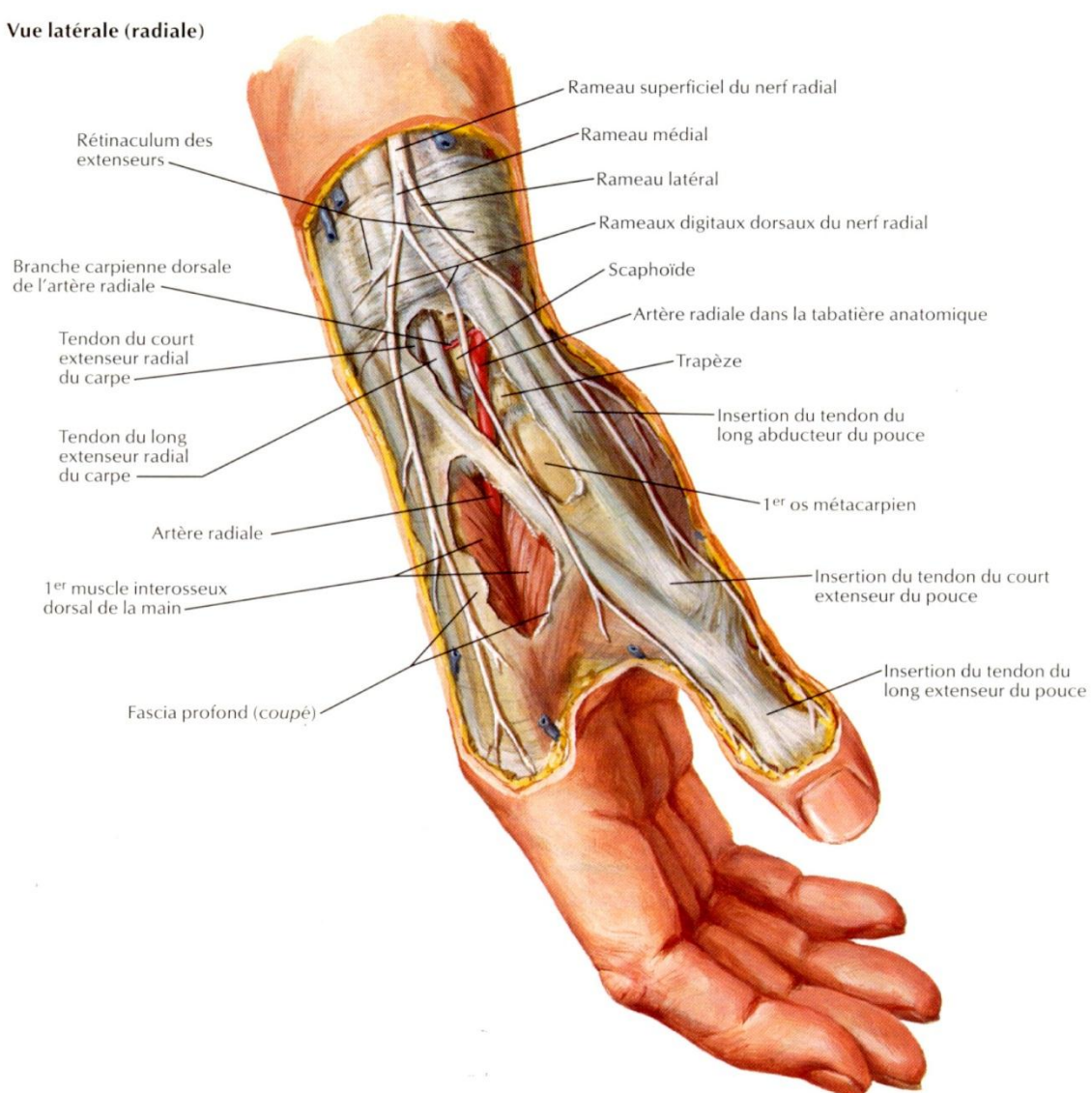


Note : les flèches indiquent l'action des muscles



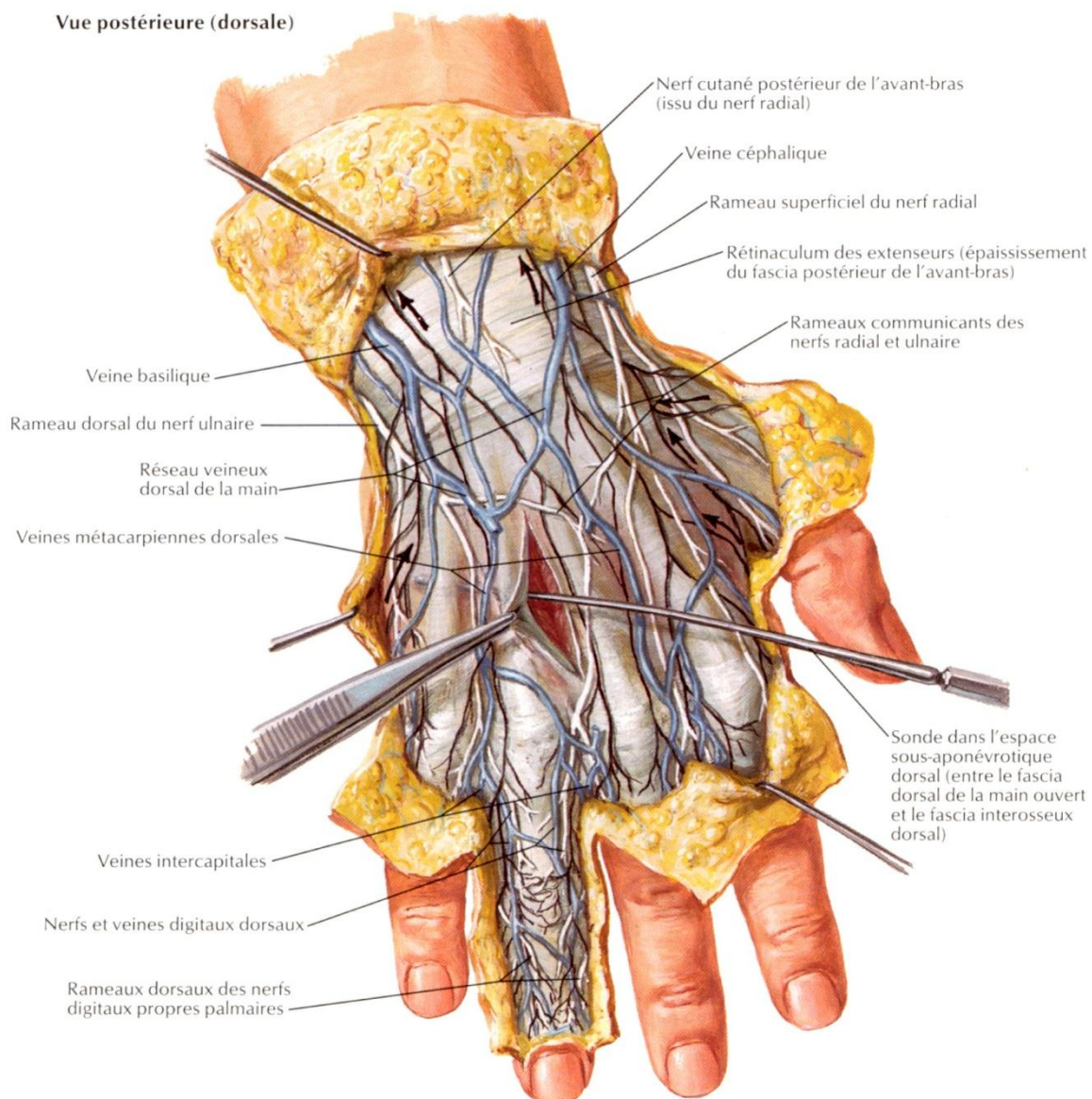


# Vue latérale (radiale)

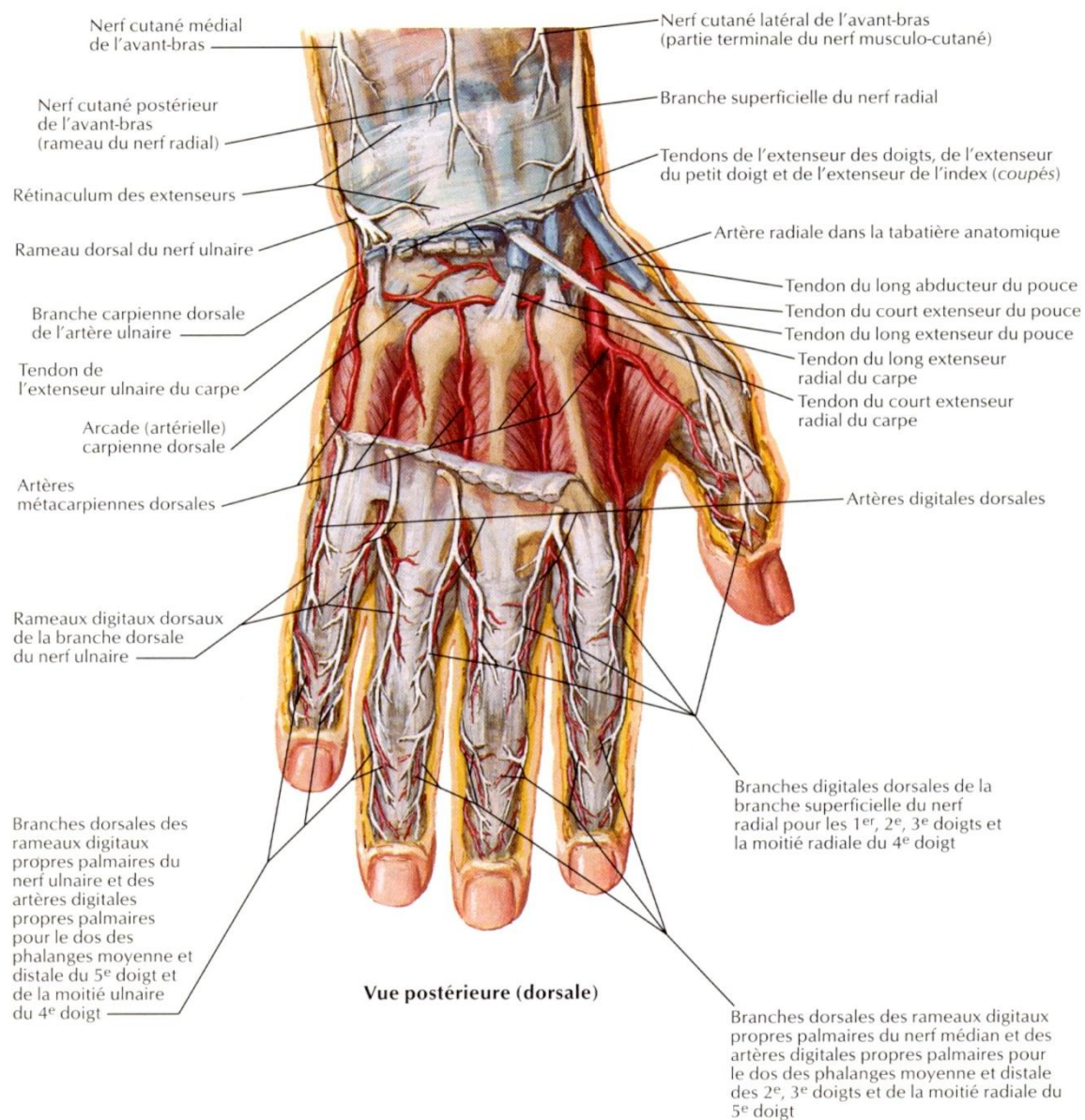




# Vue postérieure (dorsale)

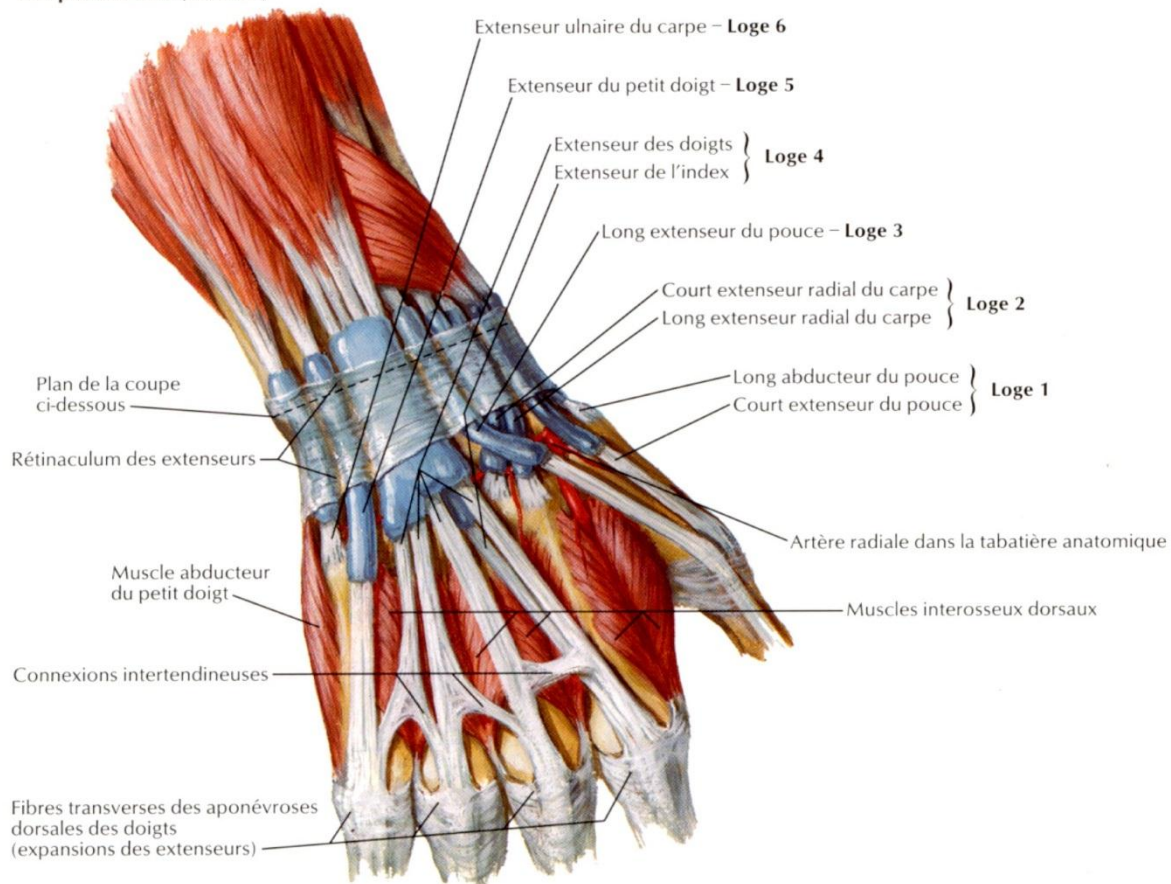


Note : les voies lymphatiques sont en noir ;  
les flèches indiquent la direction du drainage.

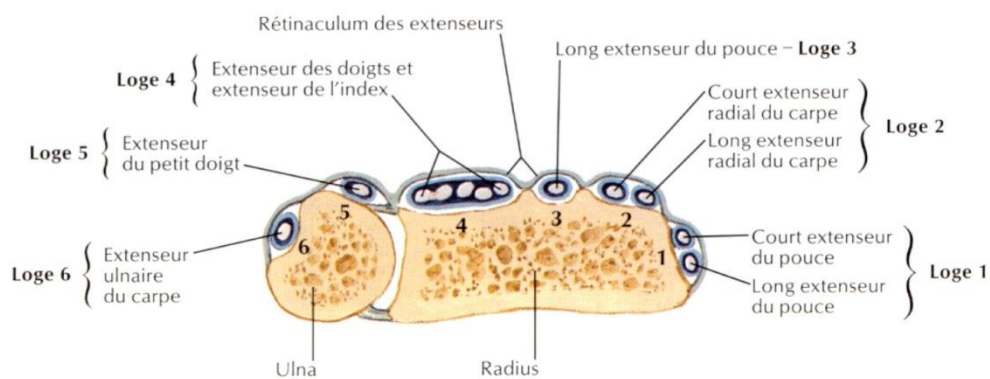


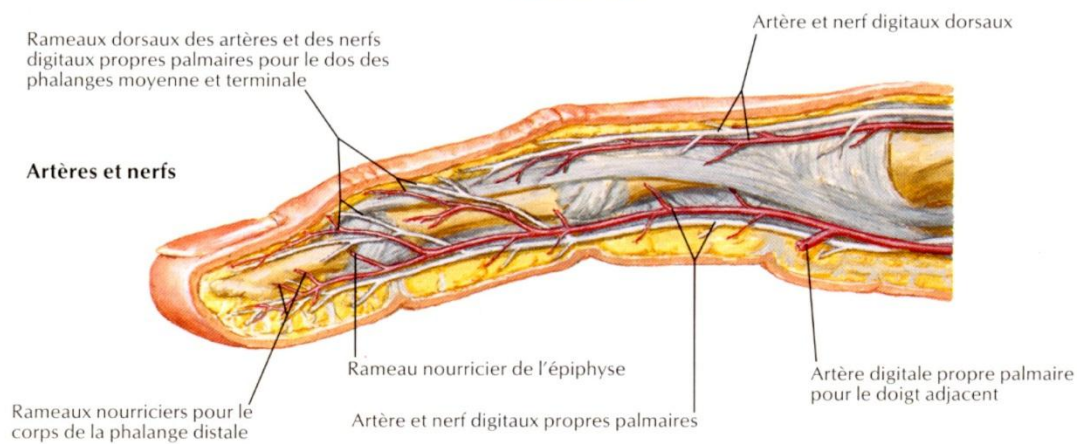
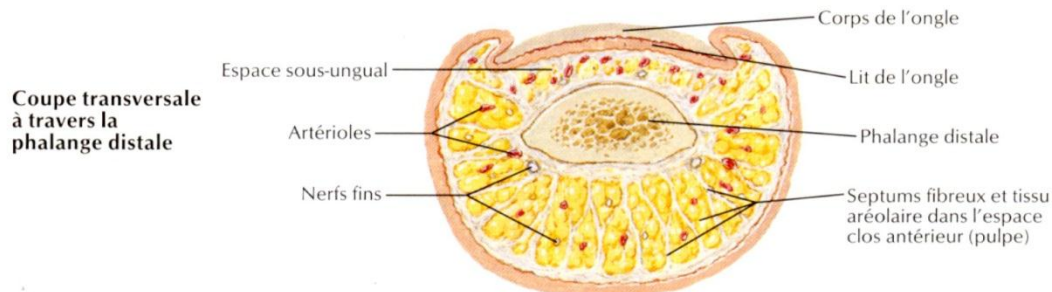
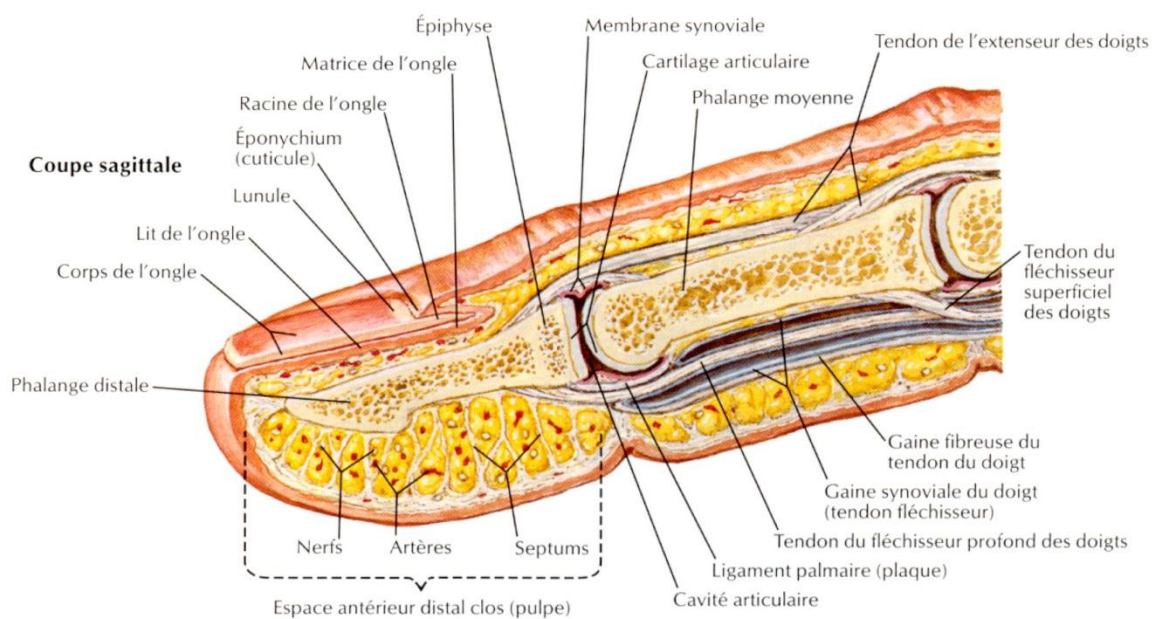


### Vue postérieure (dorsale)



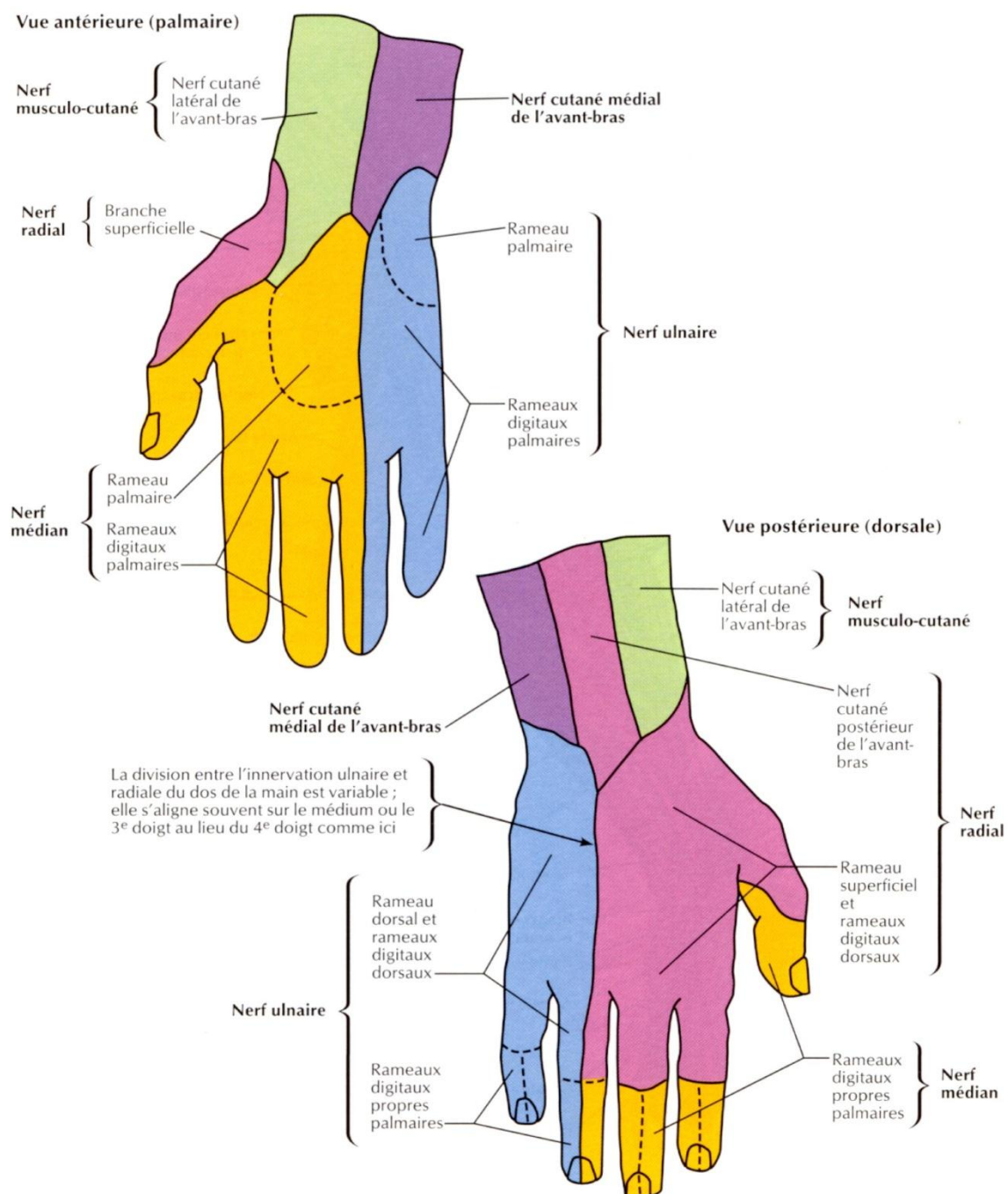
### Coupe transversale de la partie la plus distale de l'avant-bras



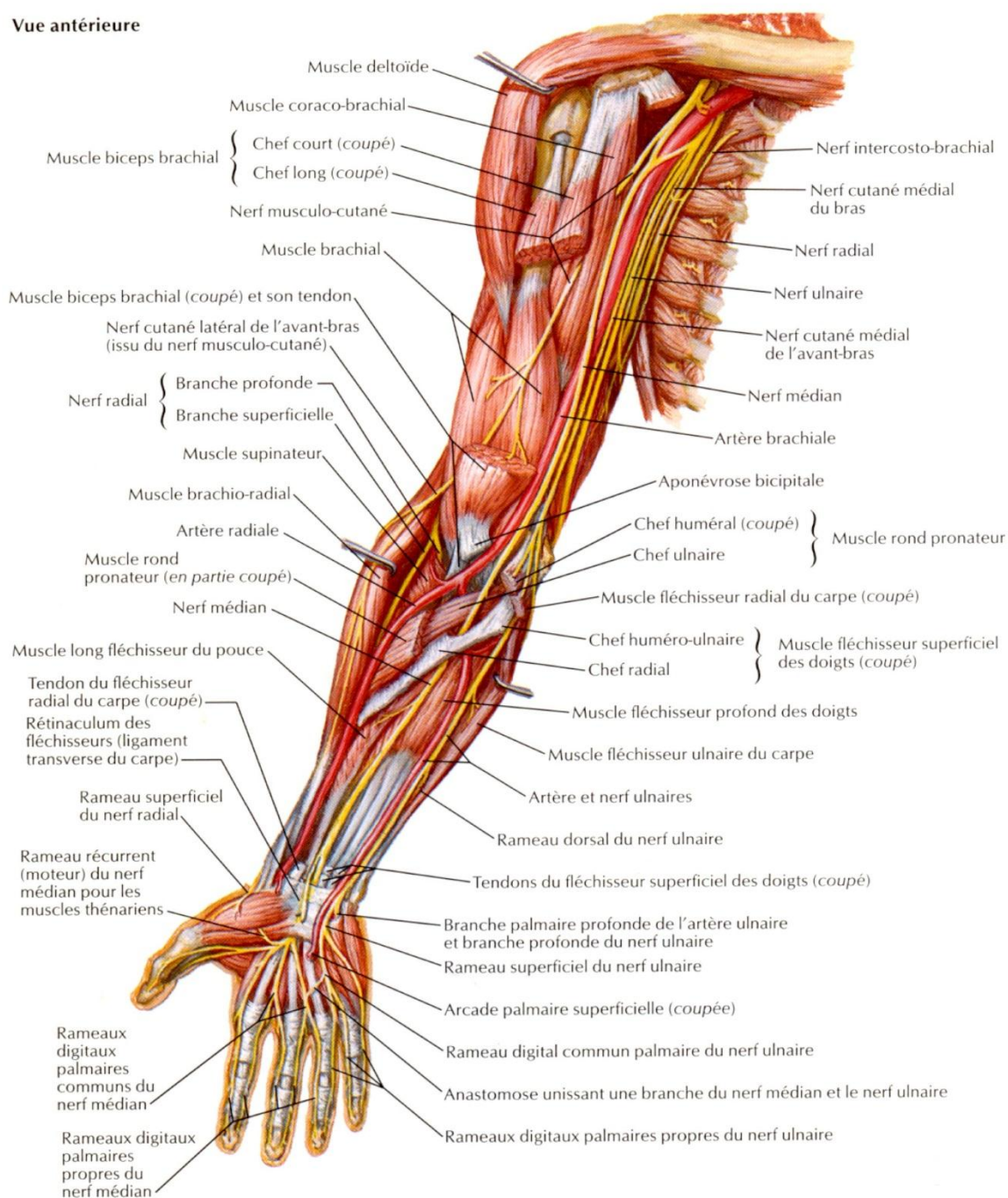




## e. Vaisseaux et nerfs



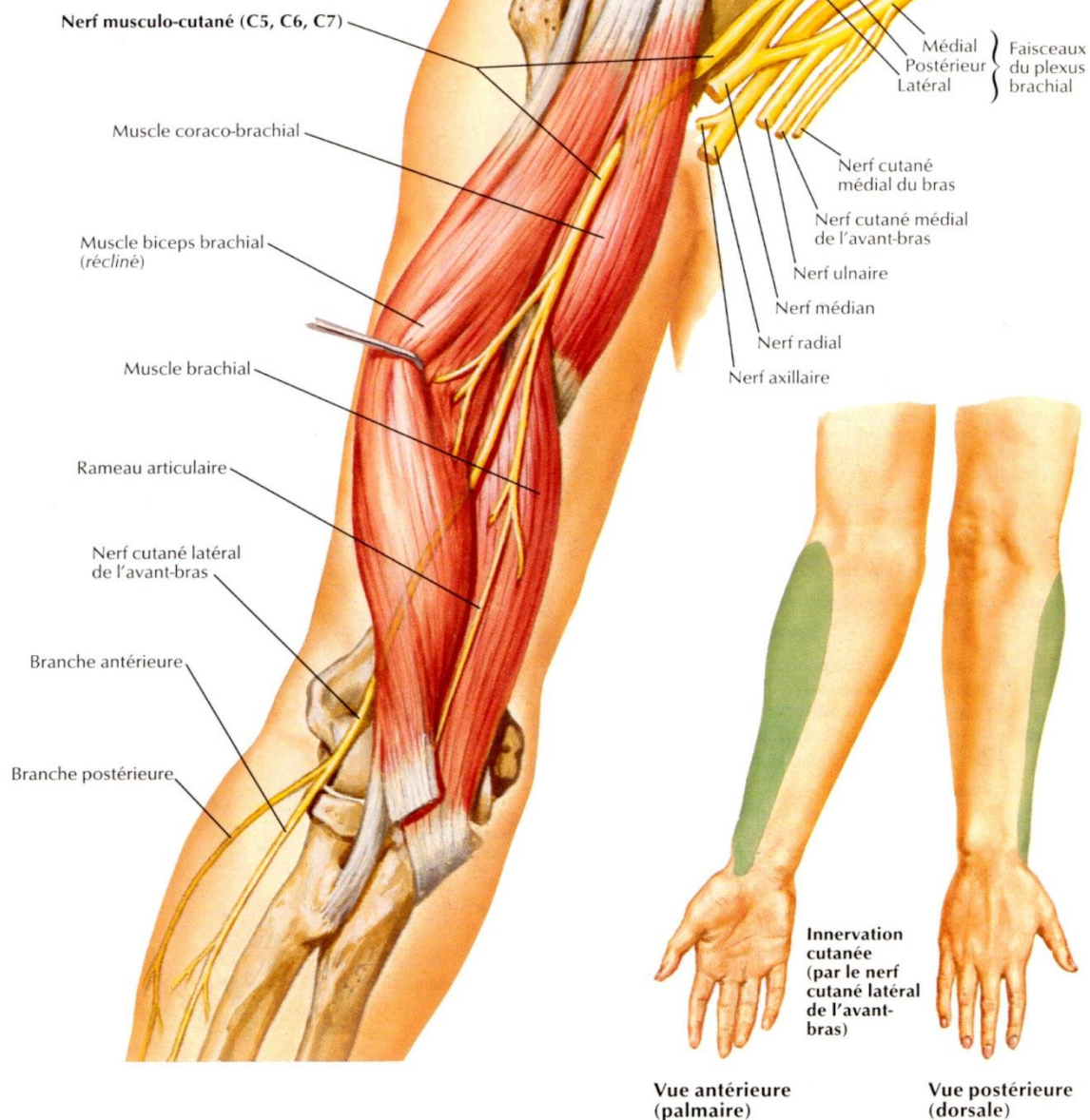
## Vue antérieure





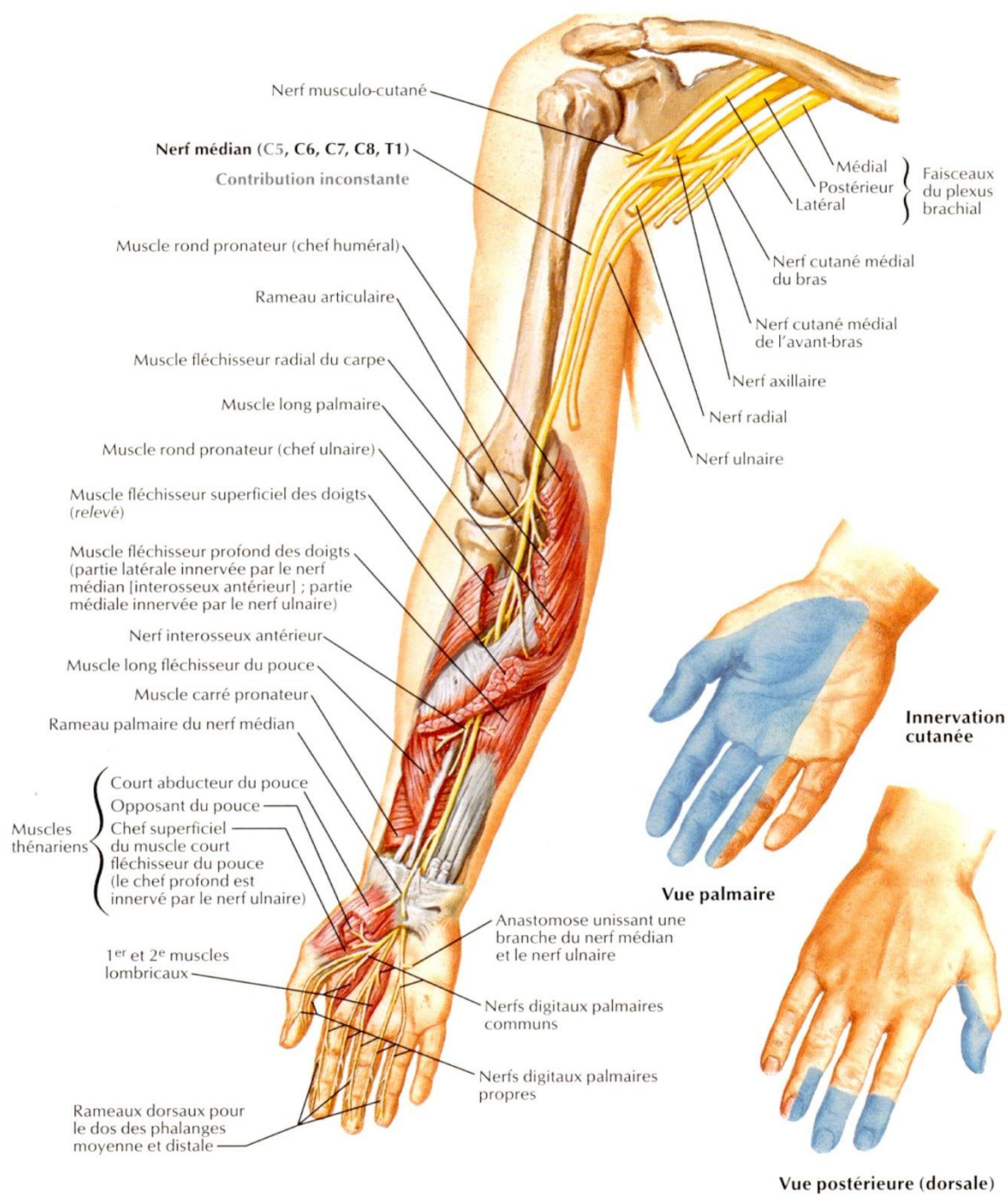
# **Vue antérieure**

Note : seuls les muscles innervés par le nerf musculo-cutané sont représentés ici



## Vue antérieure

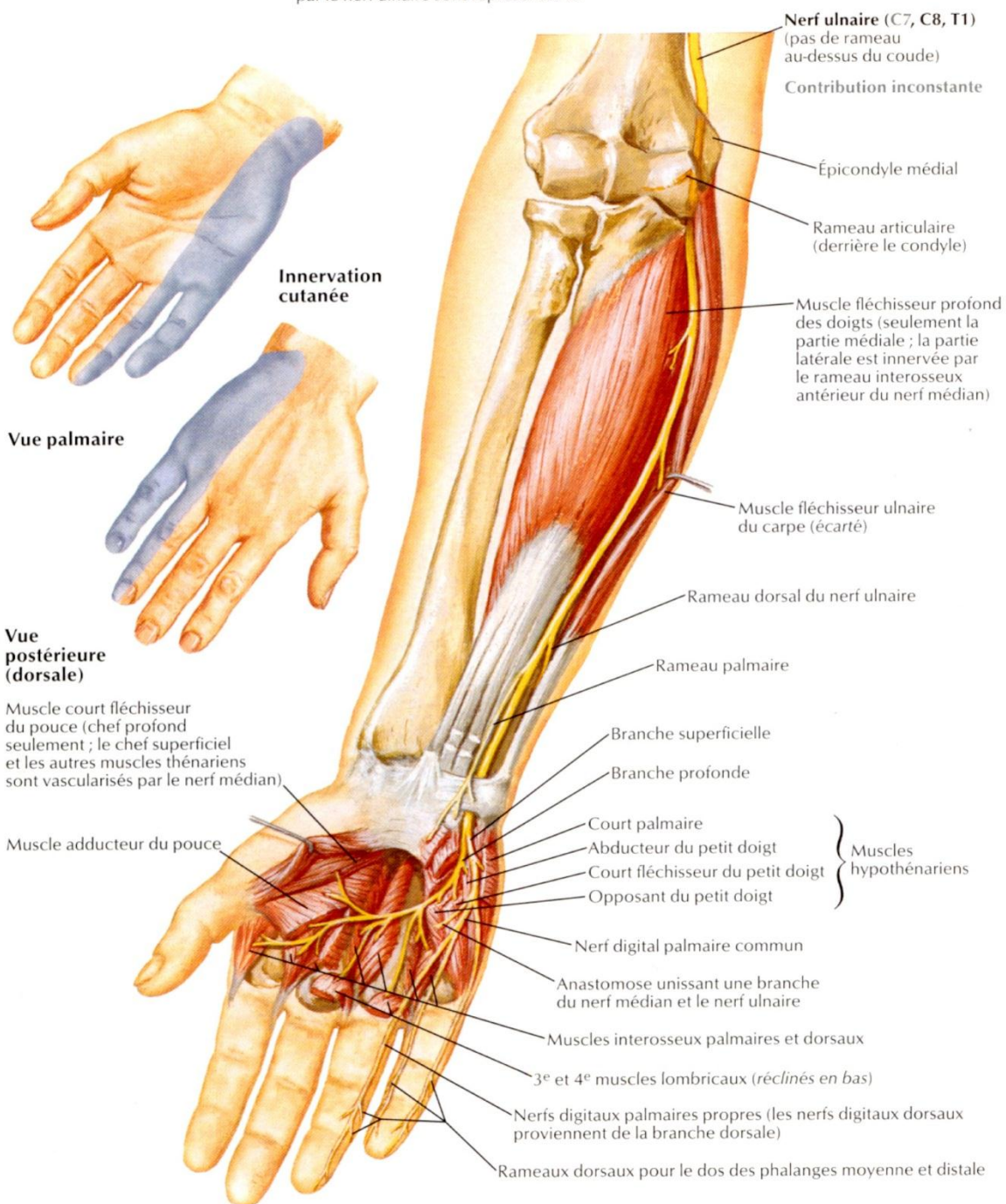
Note : seuls les muscles innervés par le nerf médian sont représentés ici

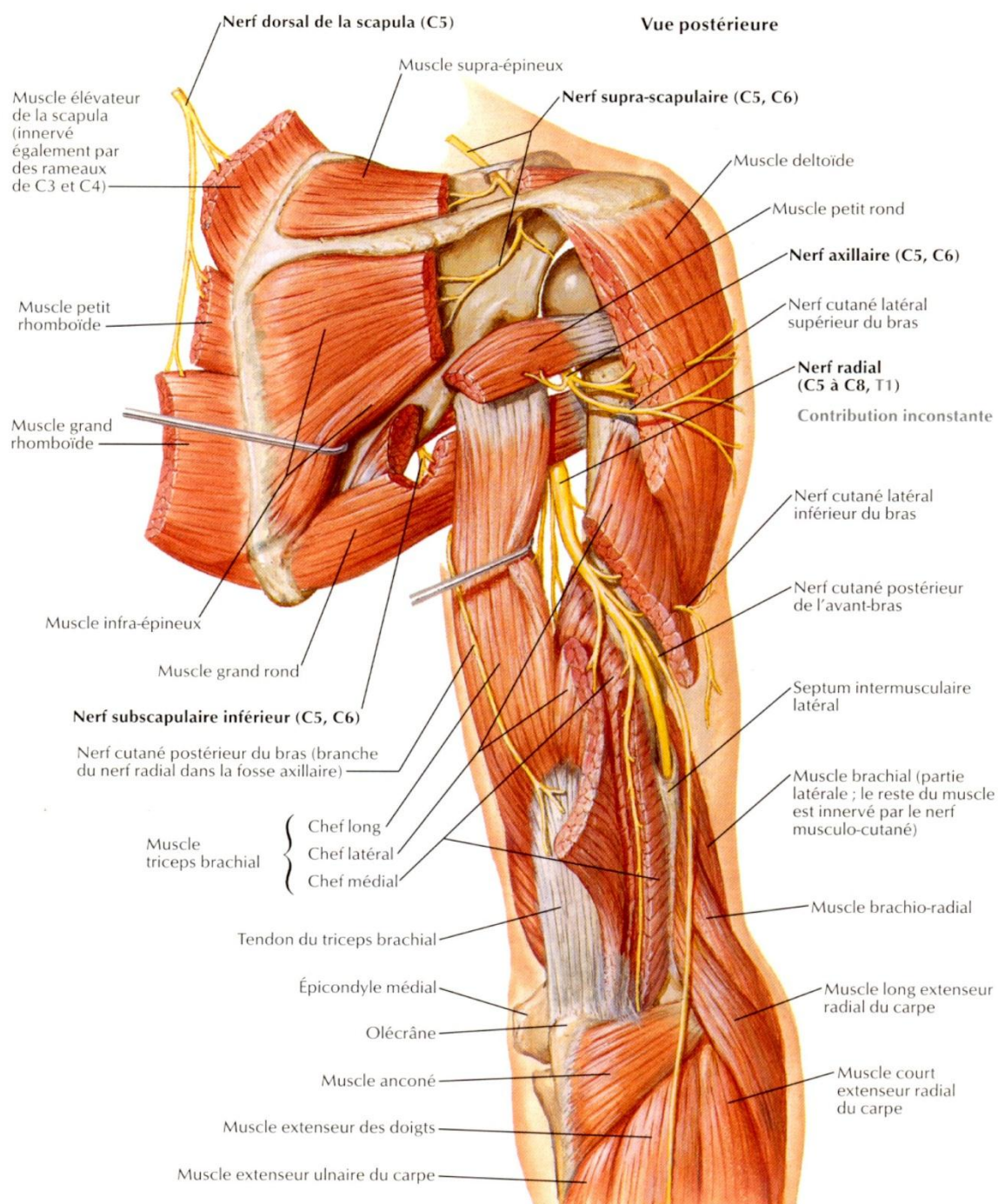




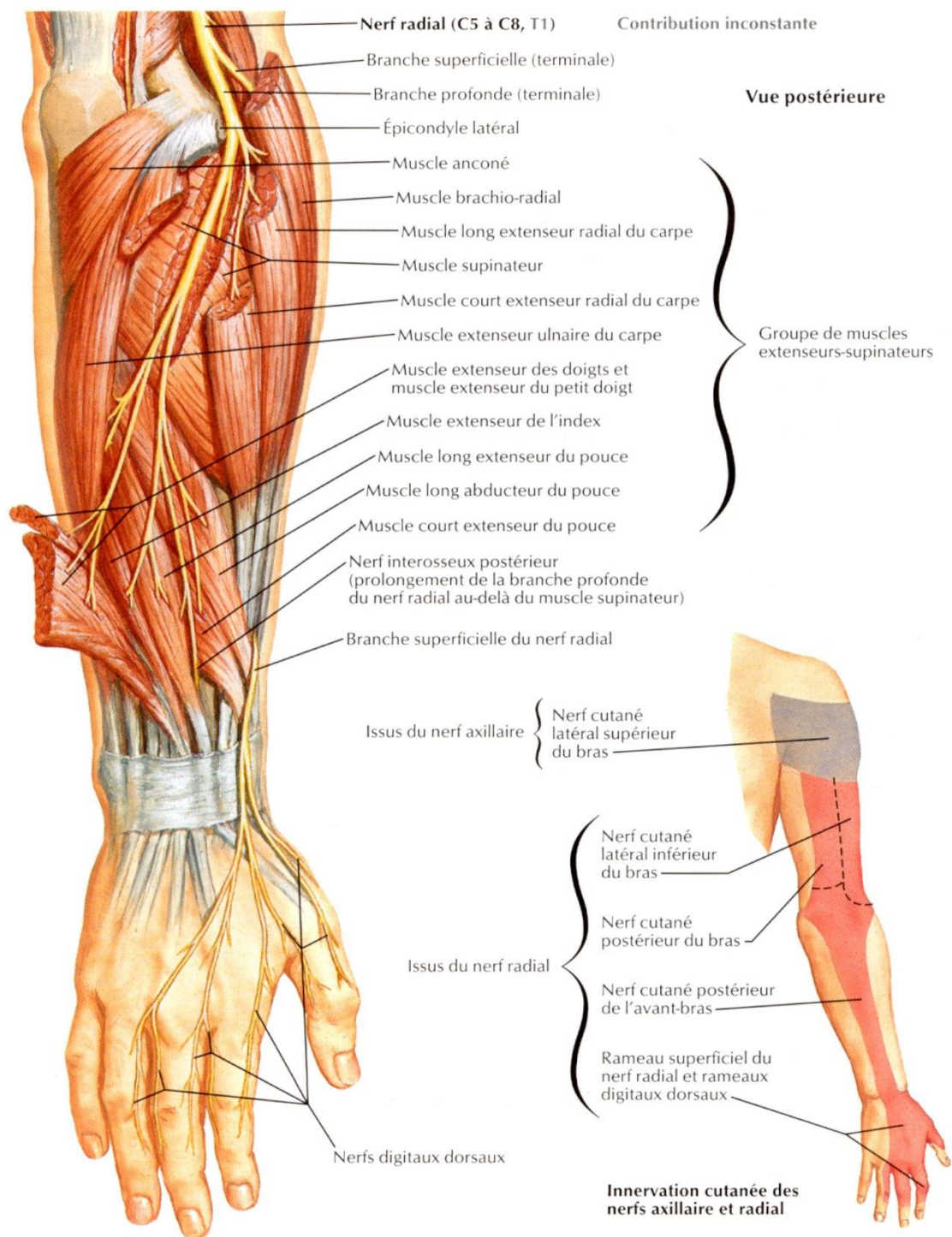
# **Vue antérieure**

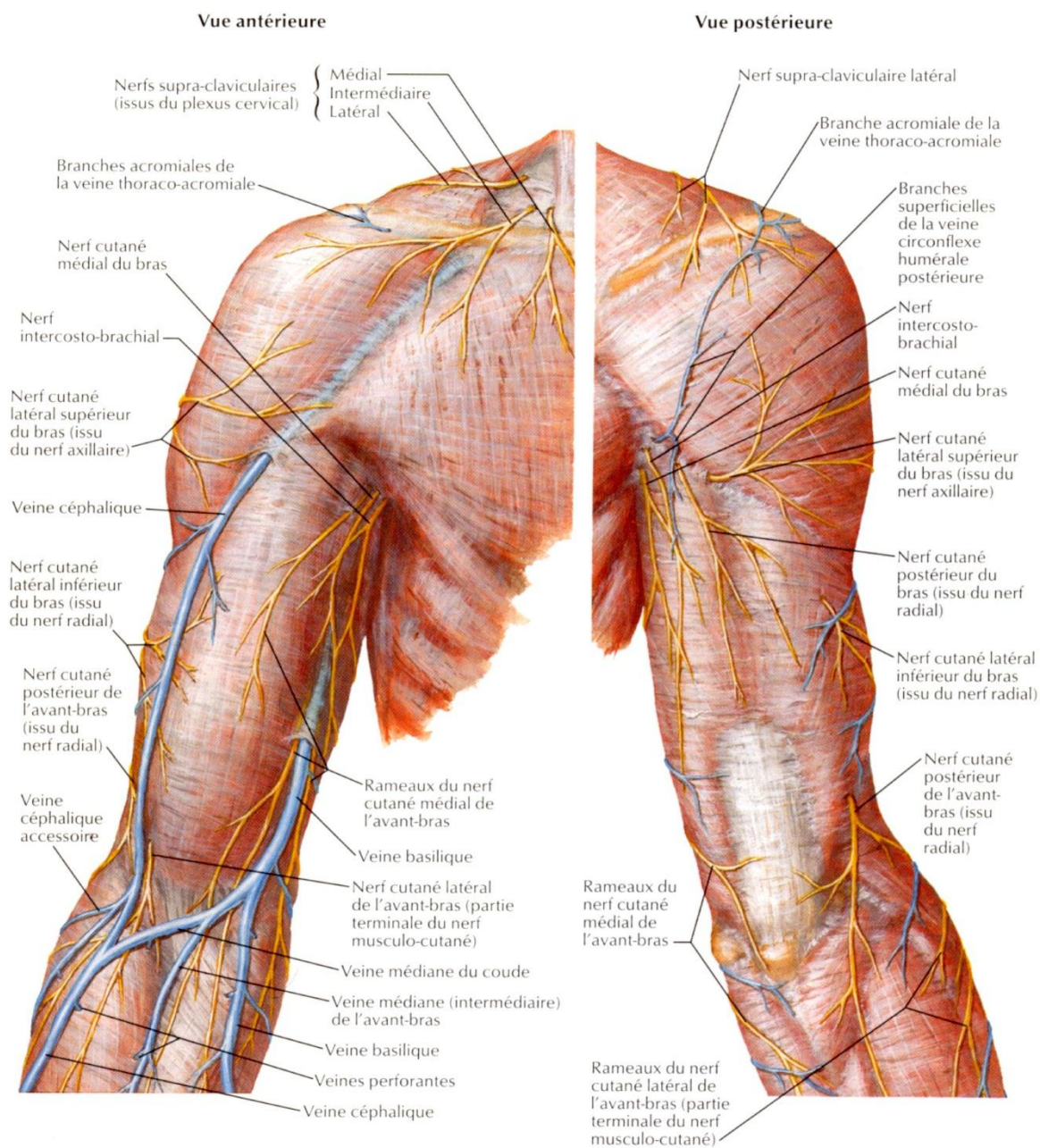
Note : seuls les muscles innervés par le nerf ulnaire sont représentés ici



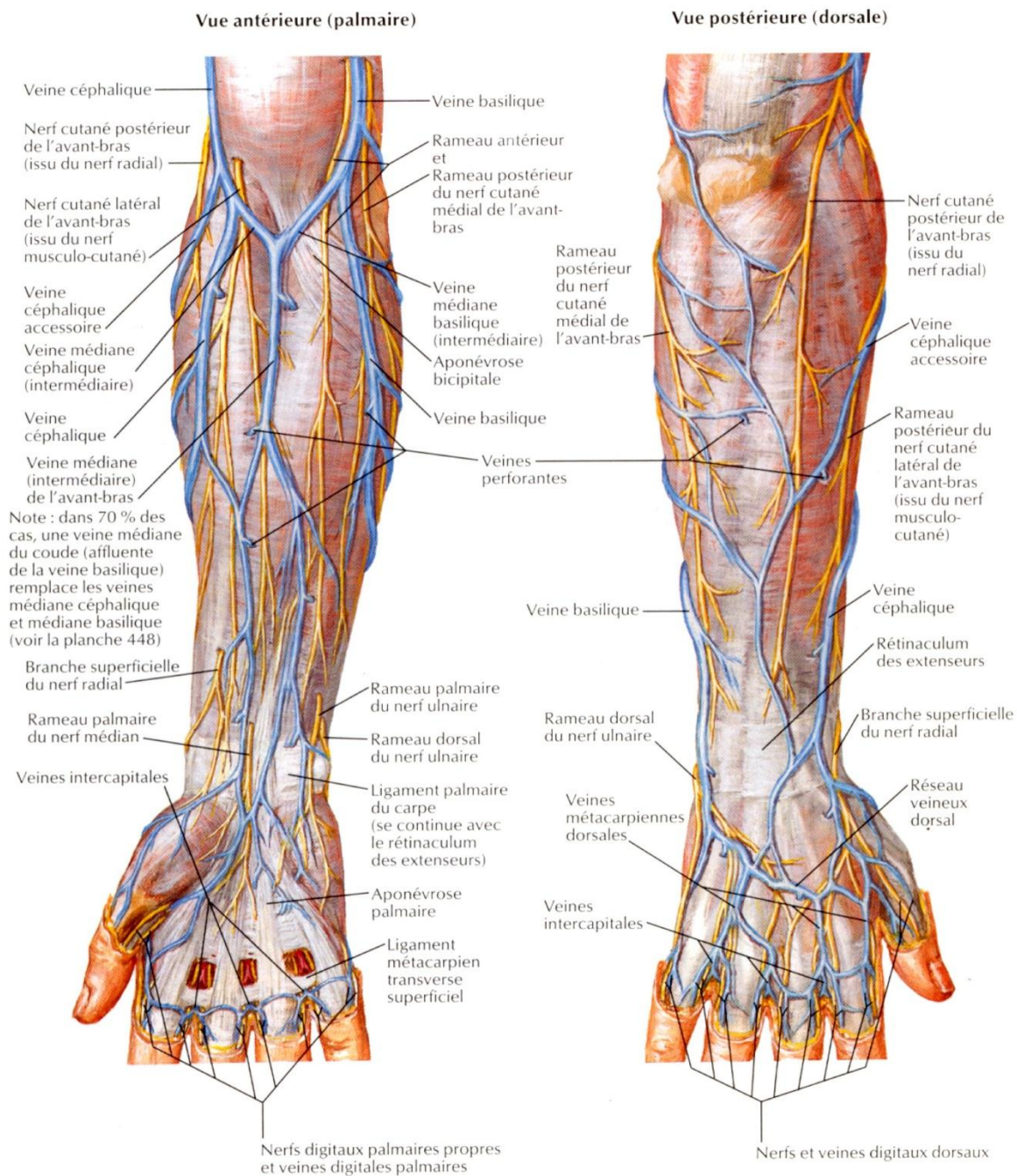


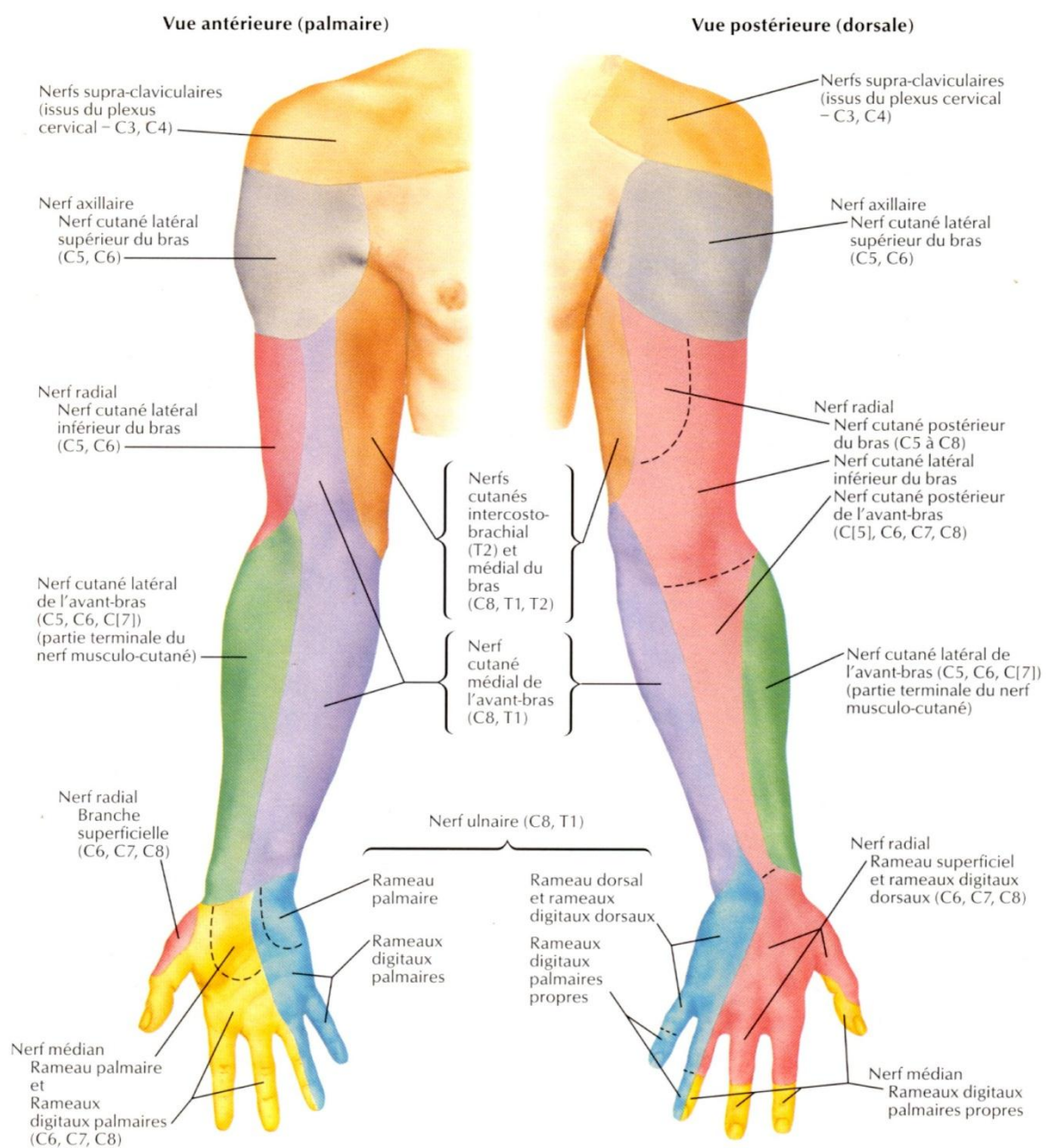








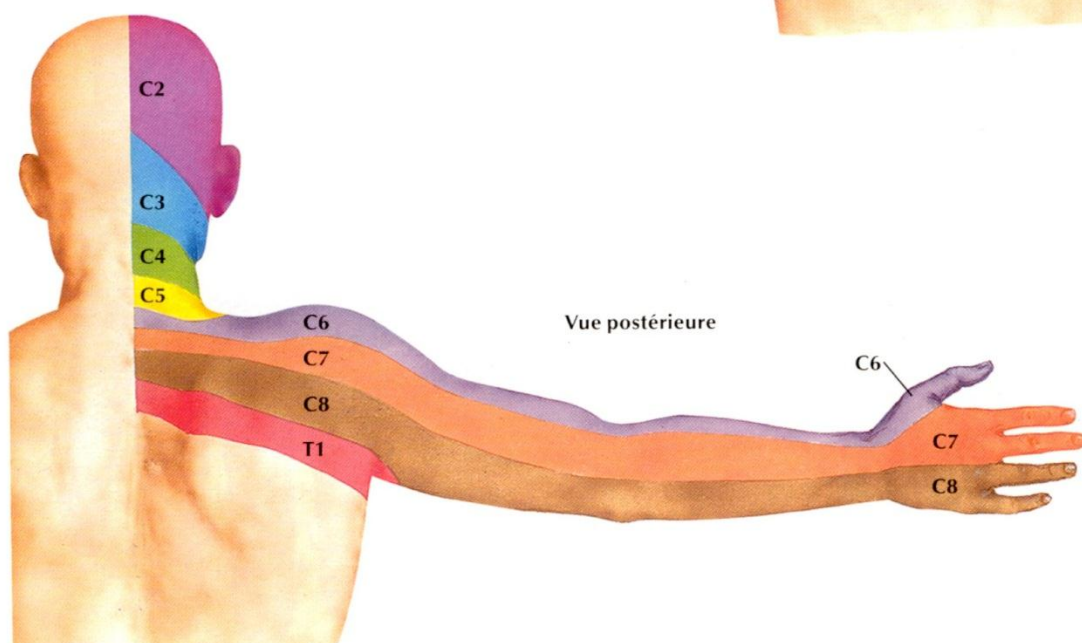
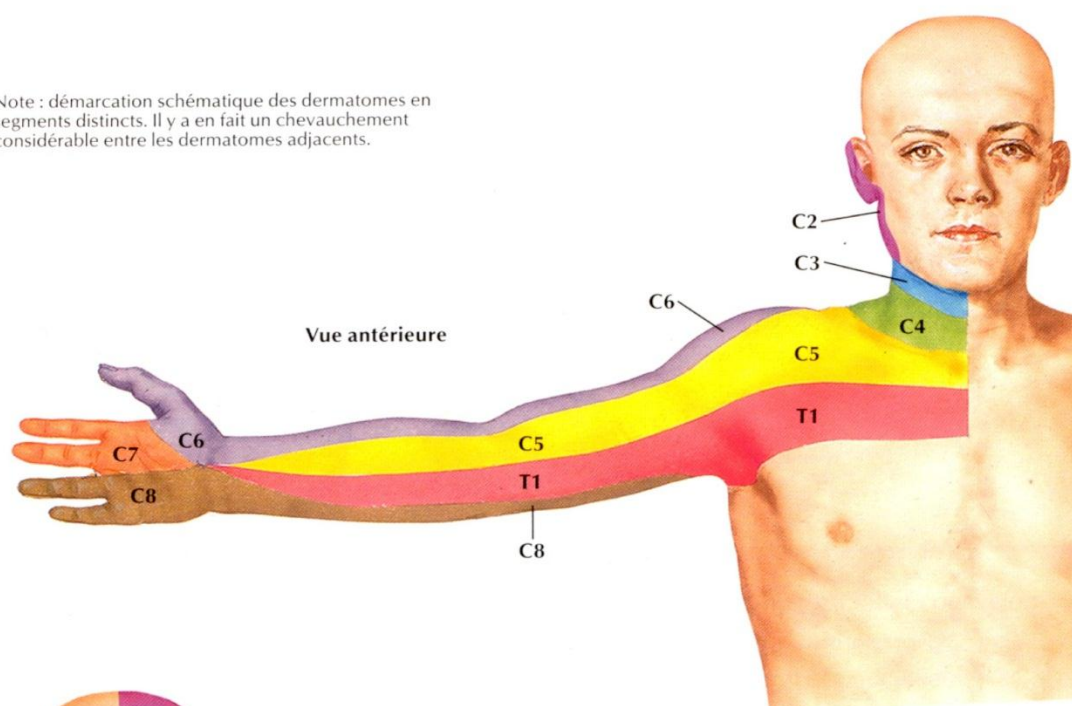


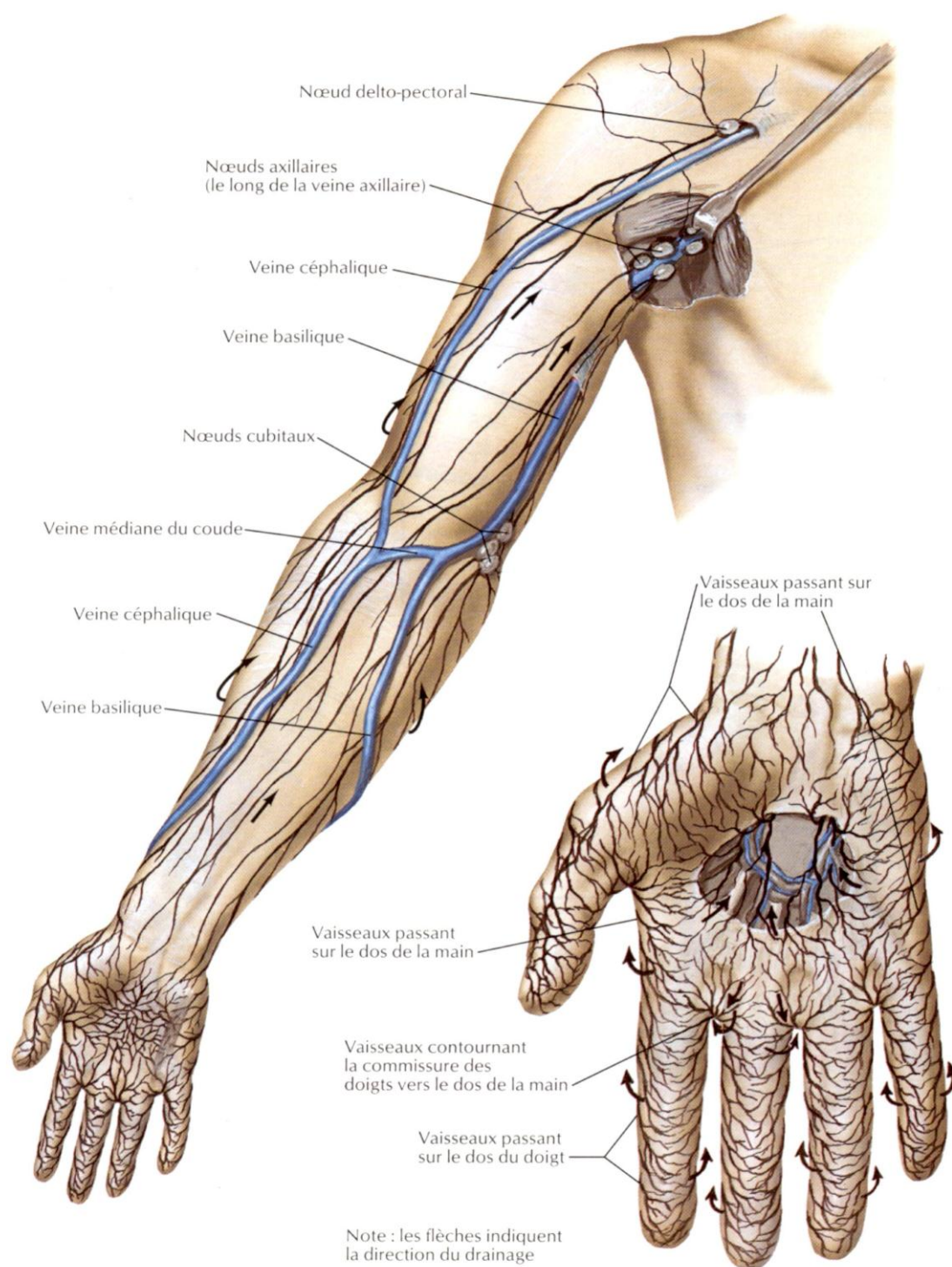


Note : le partage entre l'innervation ulnaire et radiale sur le dos de la main est variable ; la limite fréquente passe par le milieu du 3<sup>e</sup> doigt au lieu du 4<sup>e</sup> doigt comme ici.



Note : démarcation schématique des dermatomes en segments distincts. Il y a en fait un chevauchement considérable entre les dermatomes adjacents.

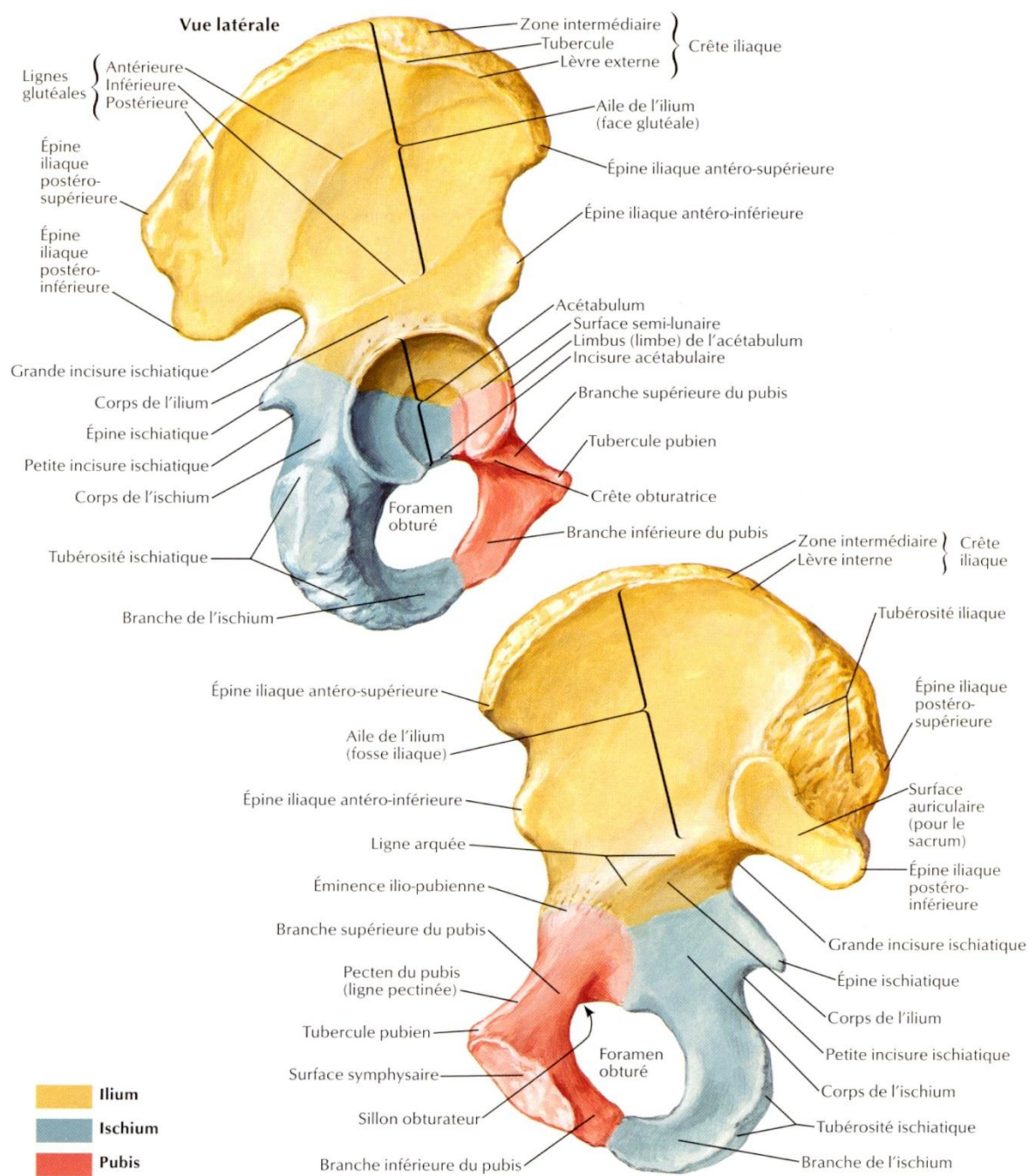




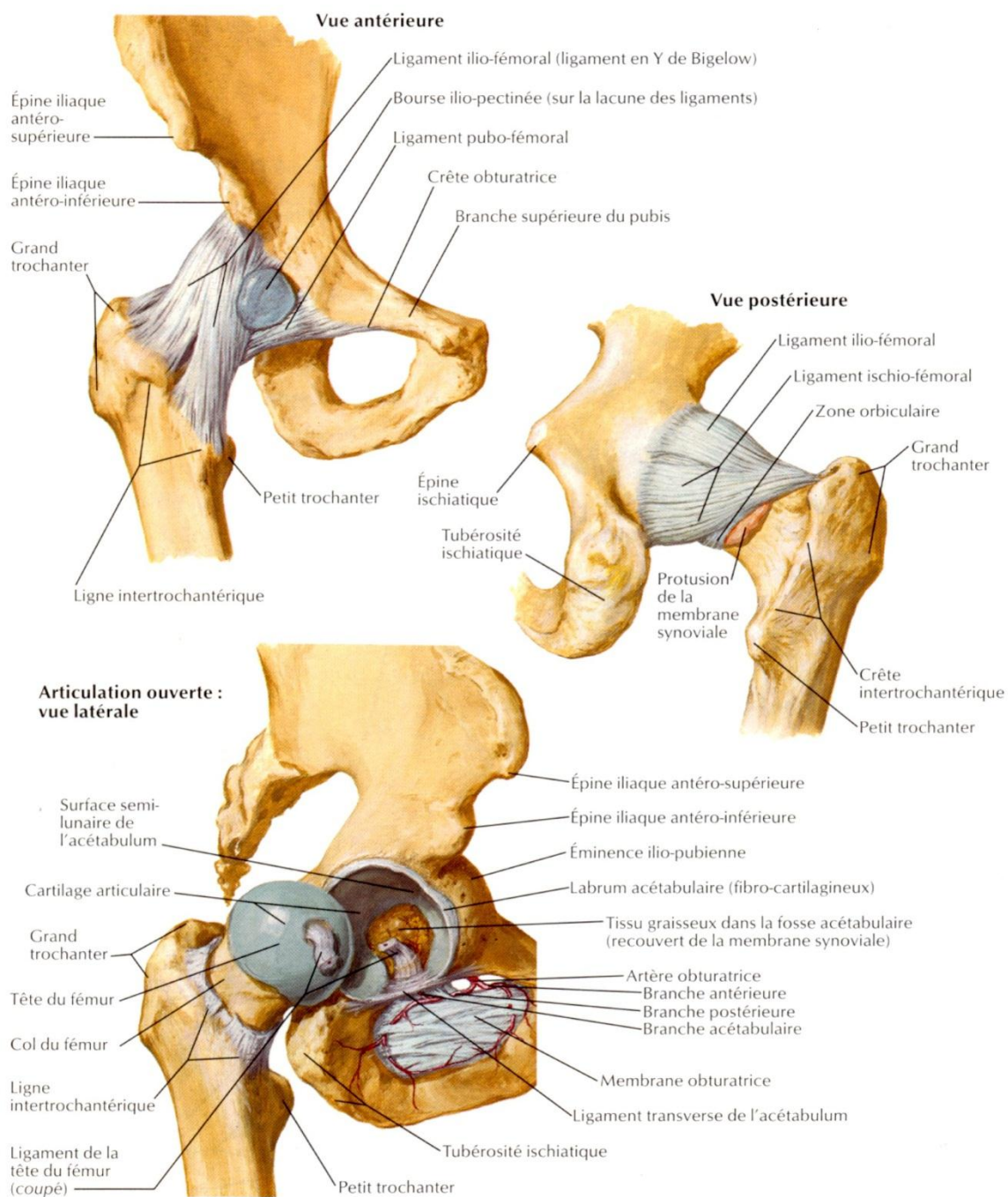


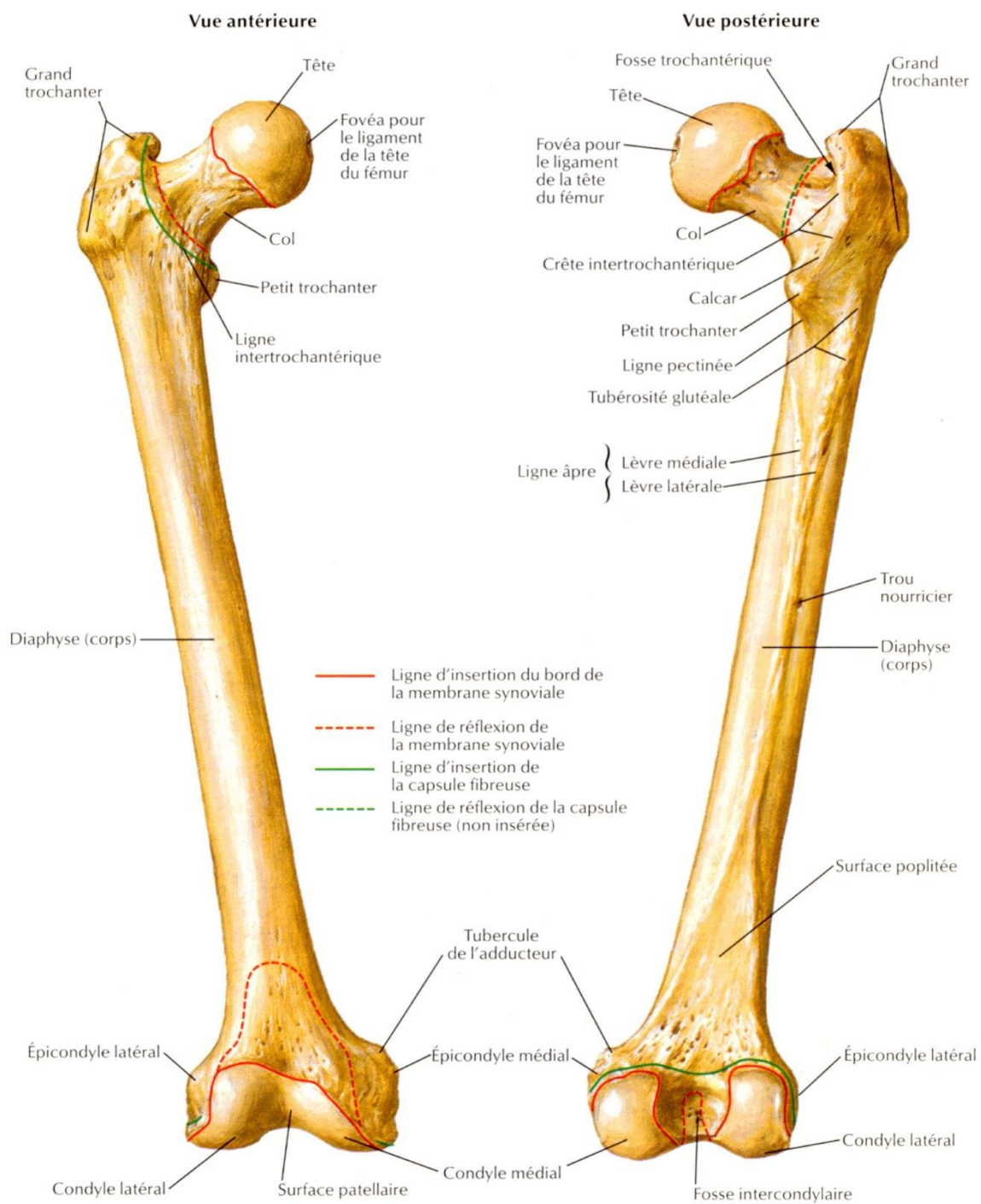
## **Section 7 – Membre inférieur**

## a. Hanche et cuisse

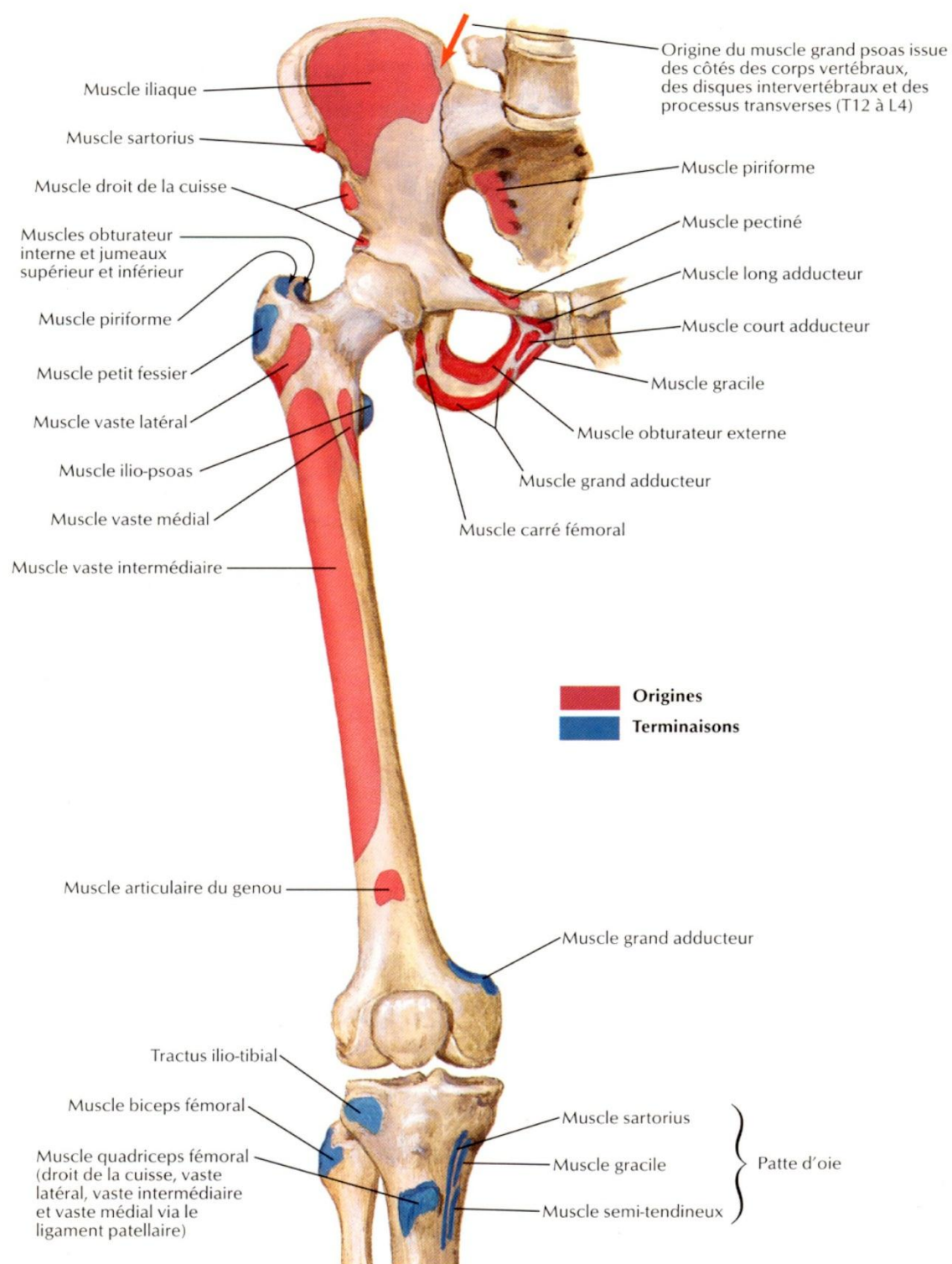


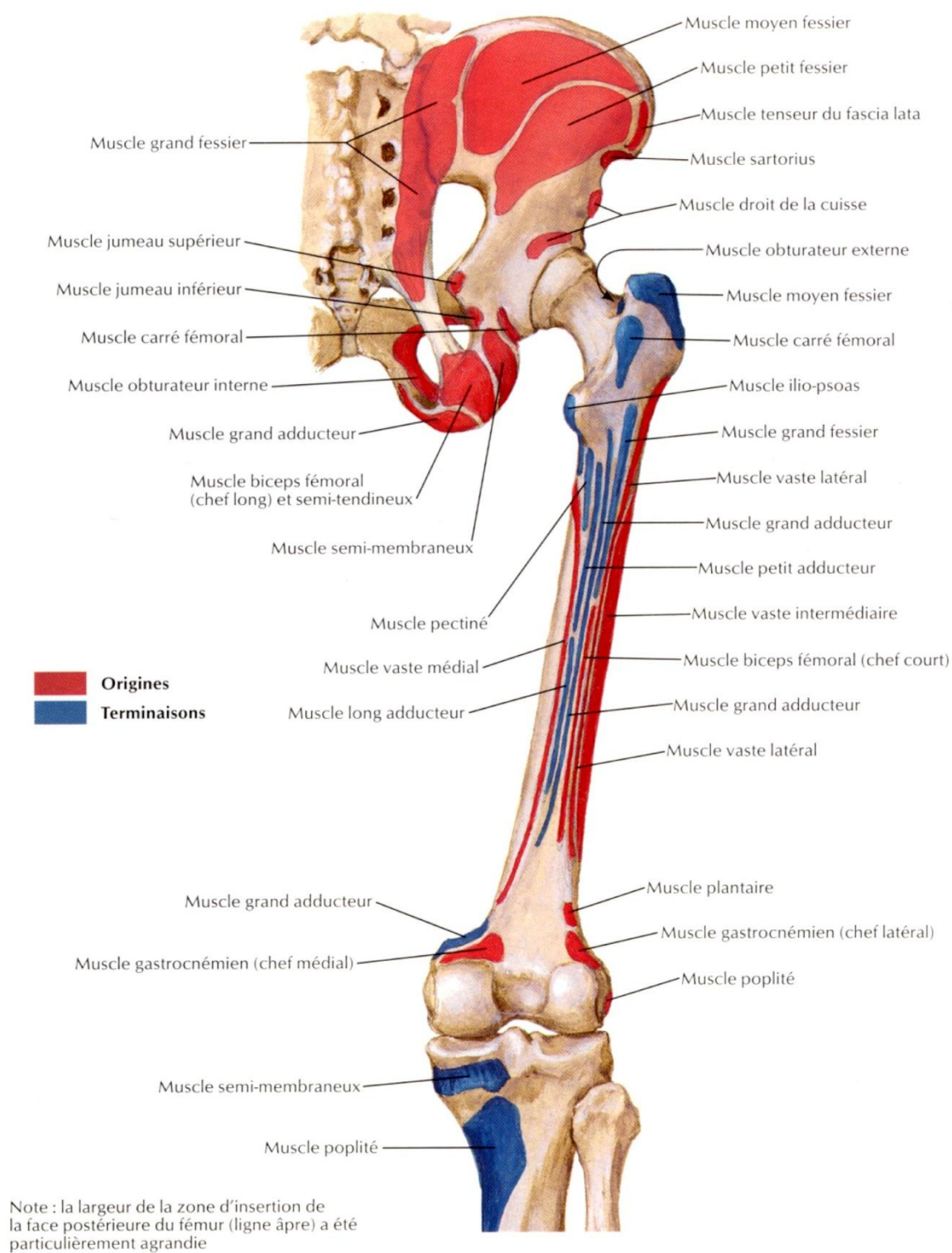




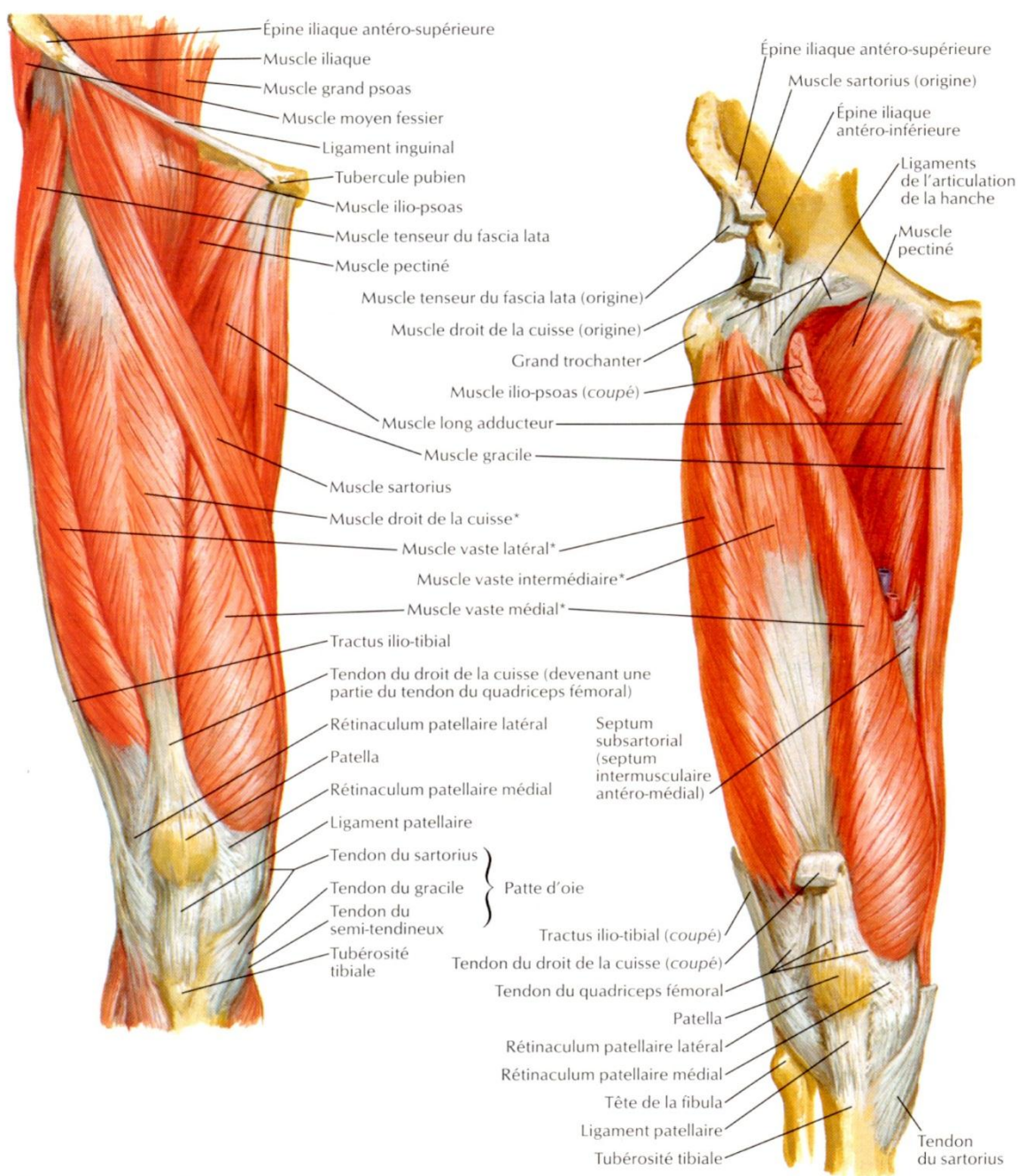






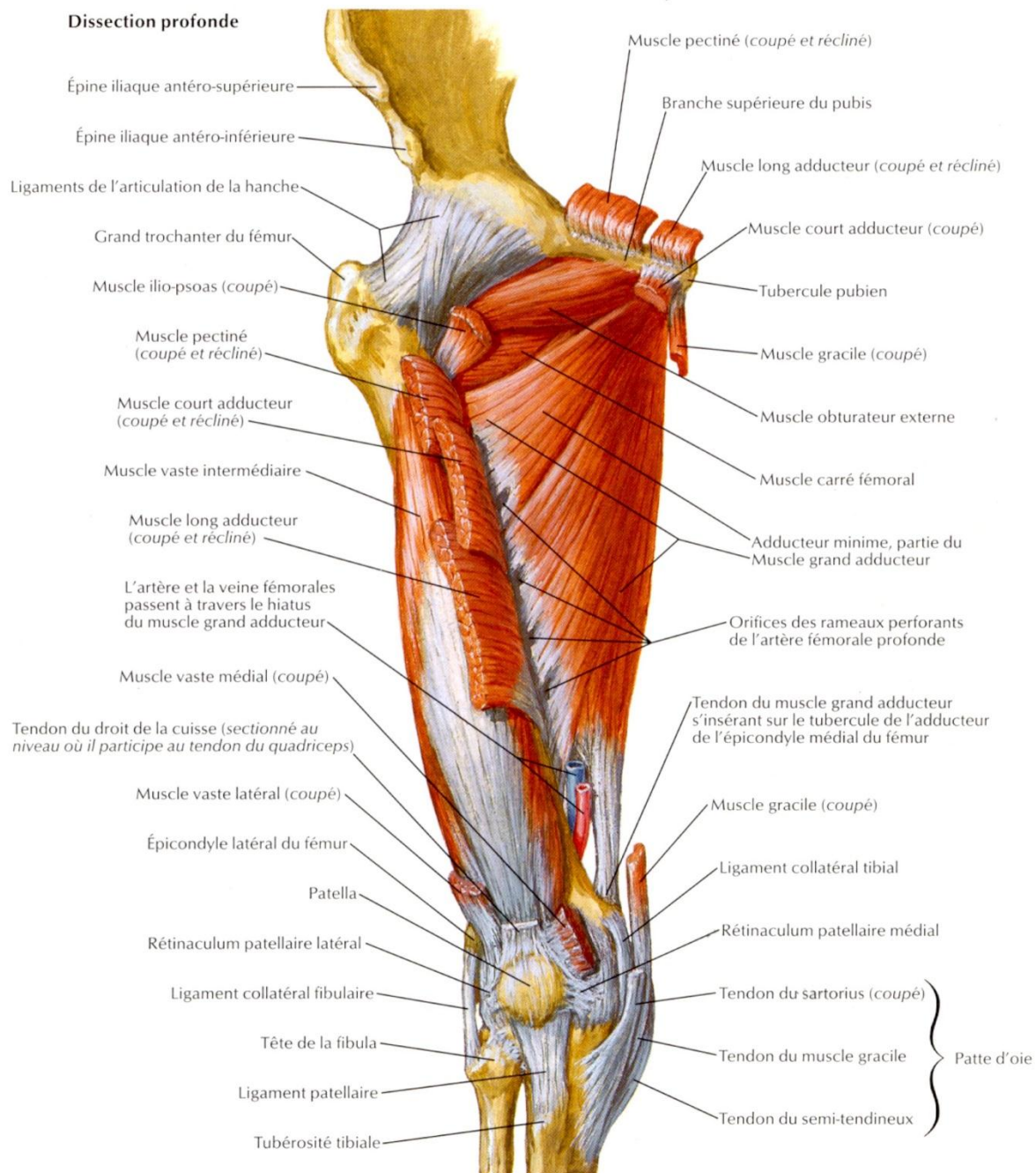




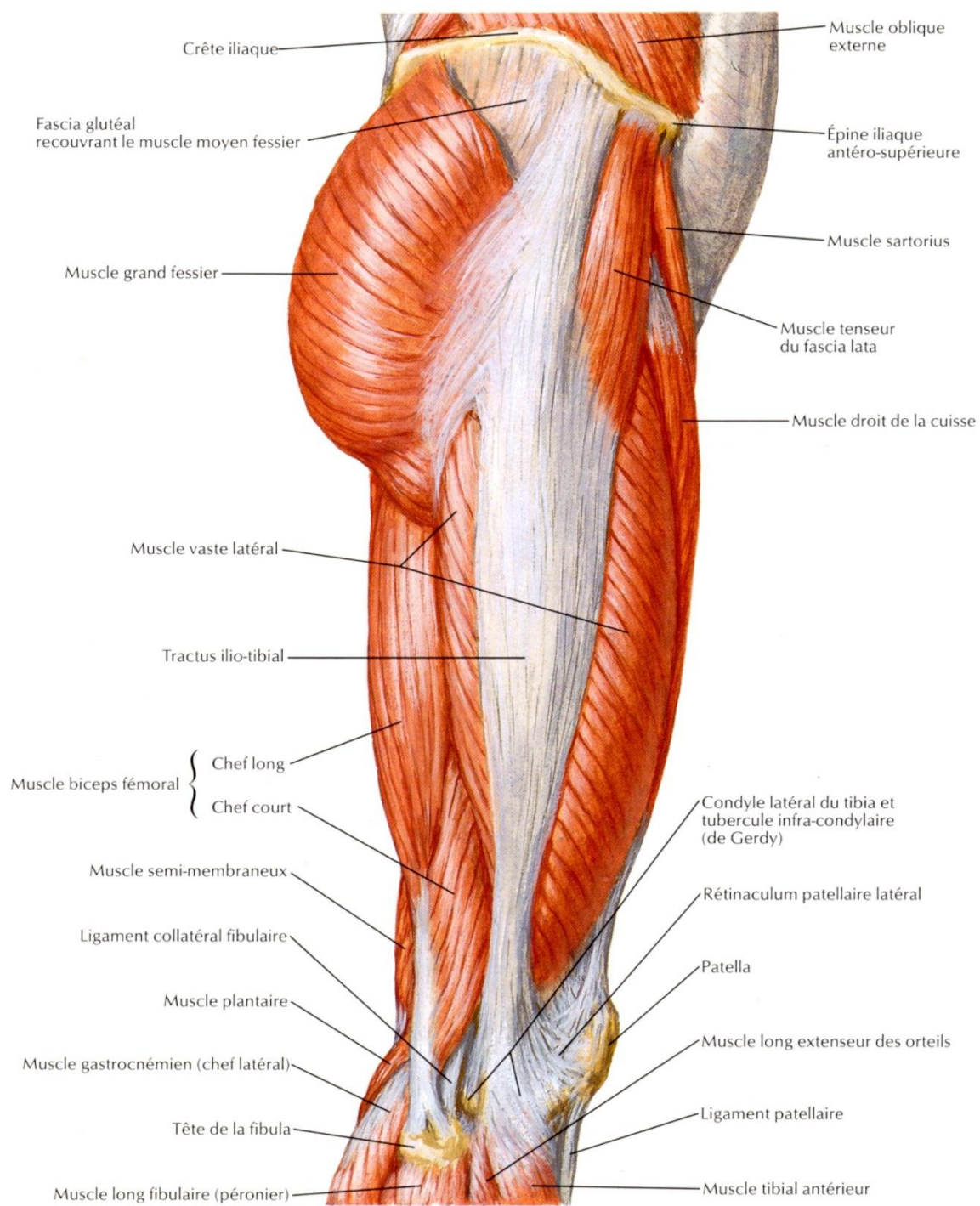


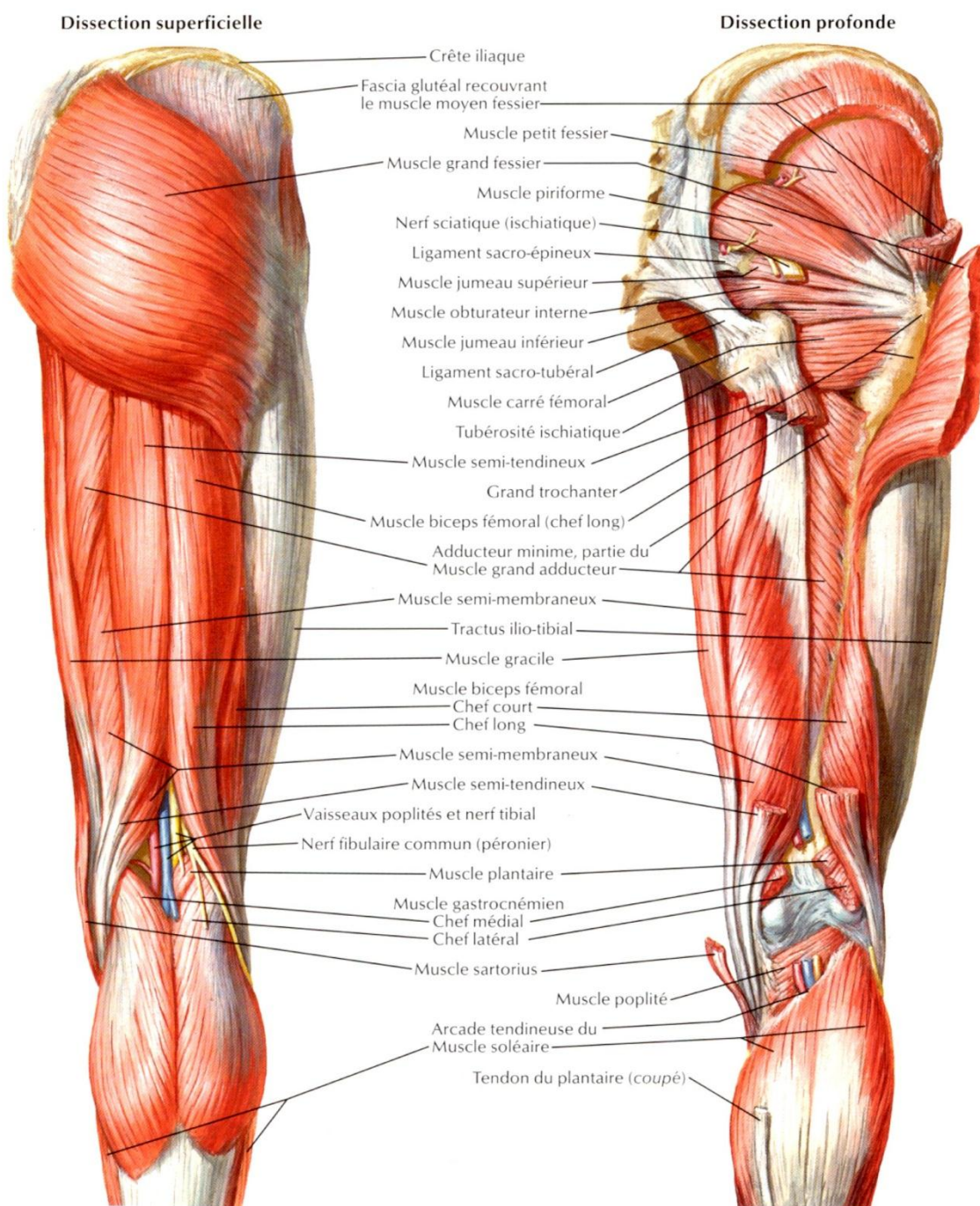
\* Muscles du quadriceps fémoral

## Dissection profonde

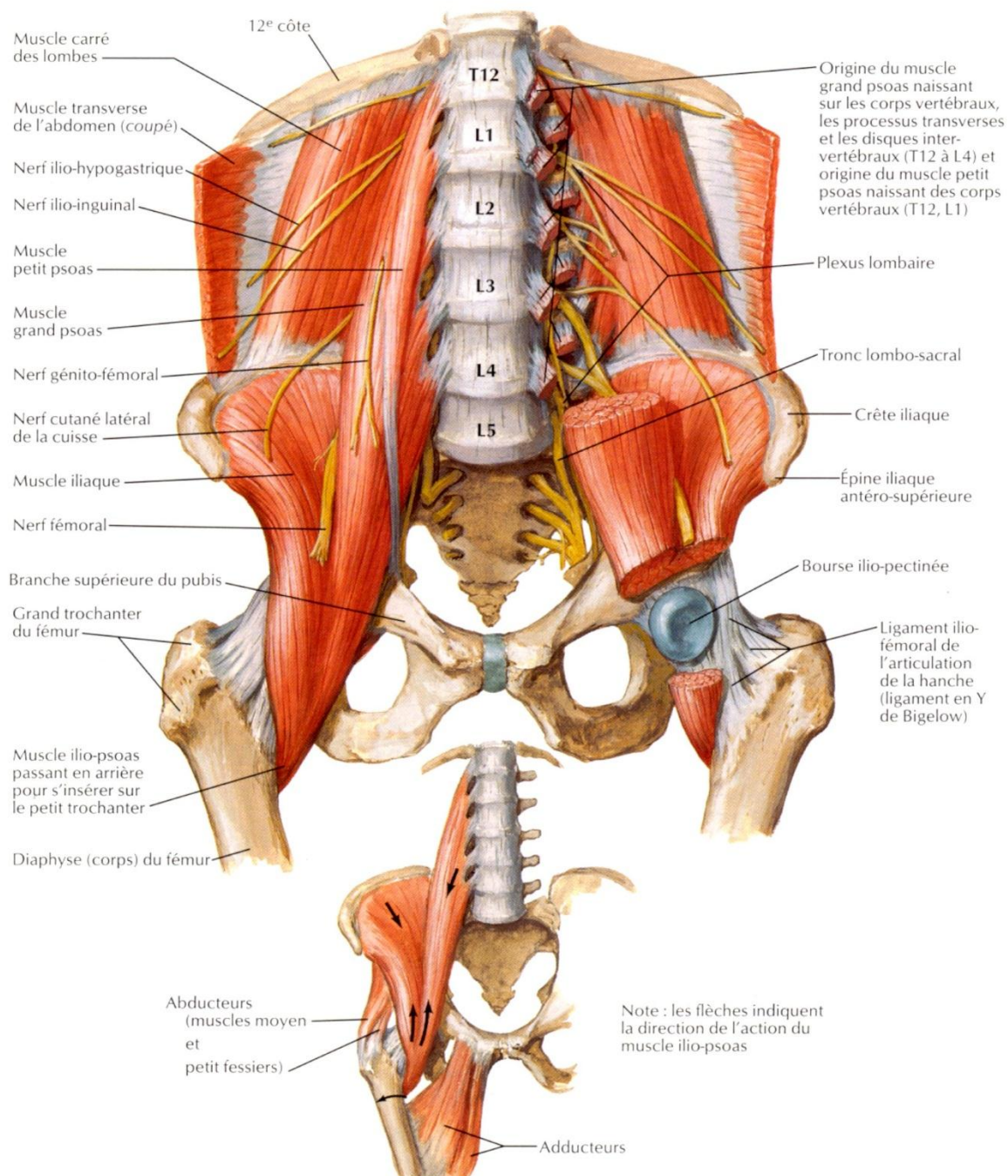


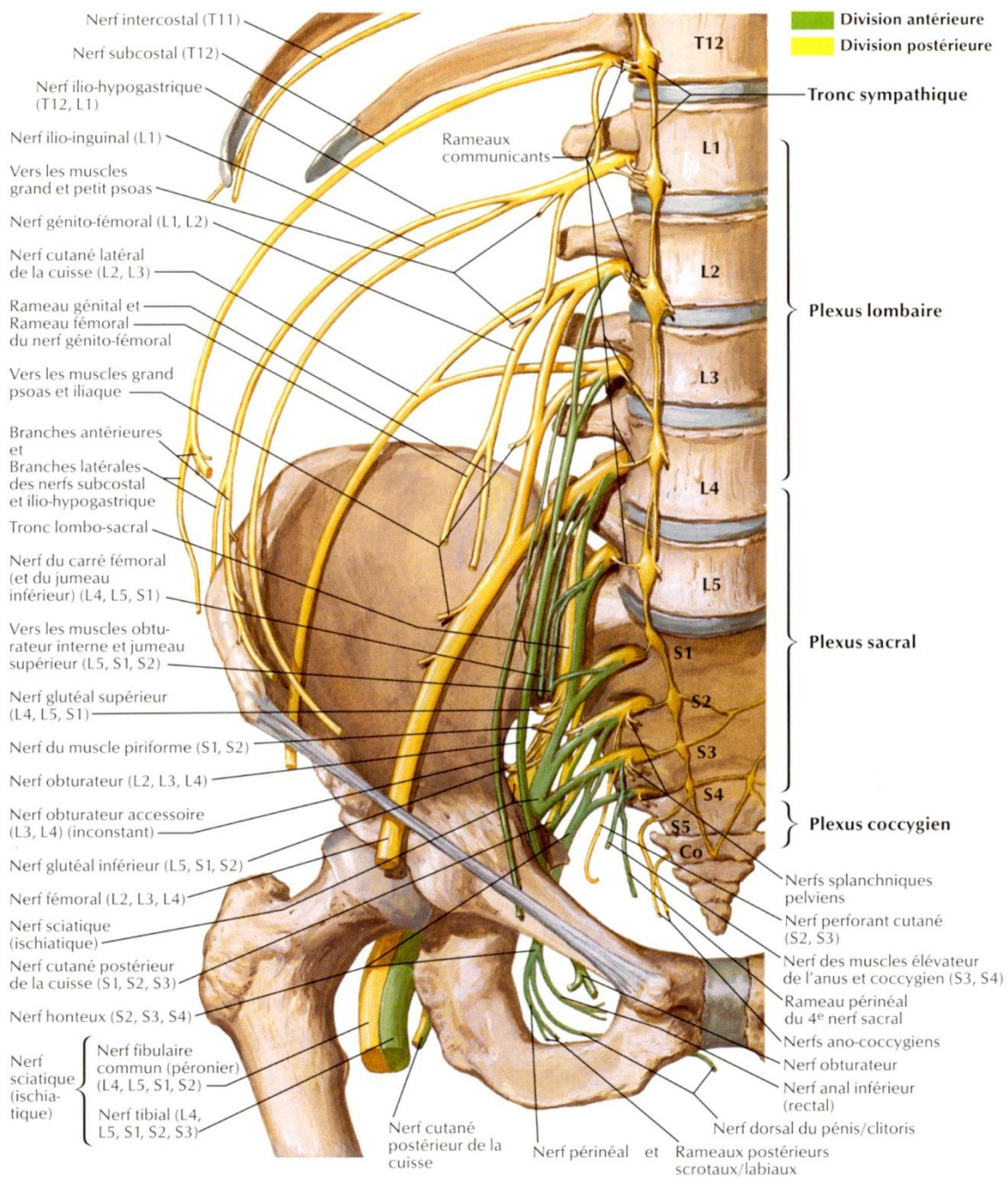




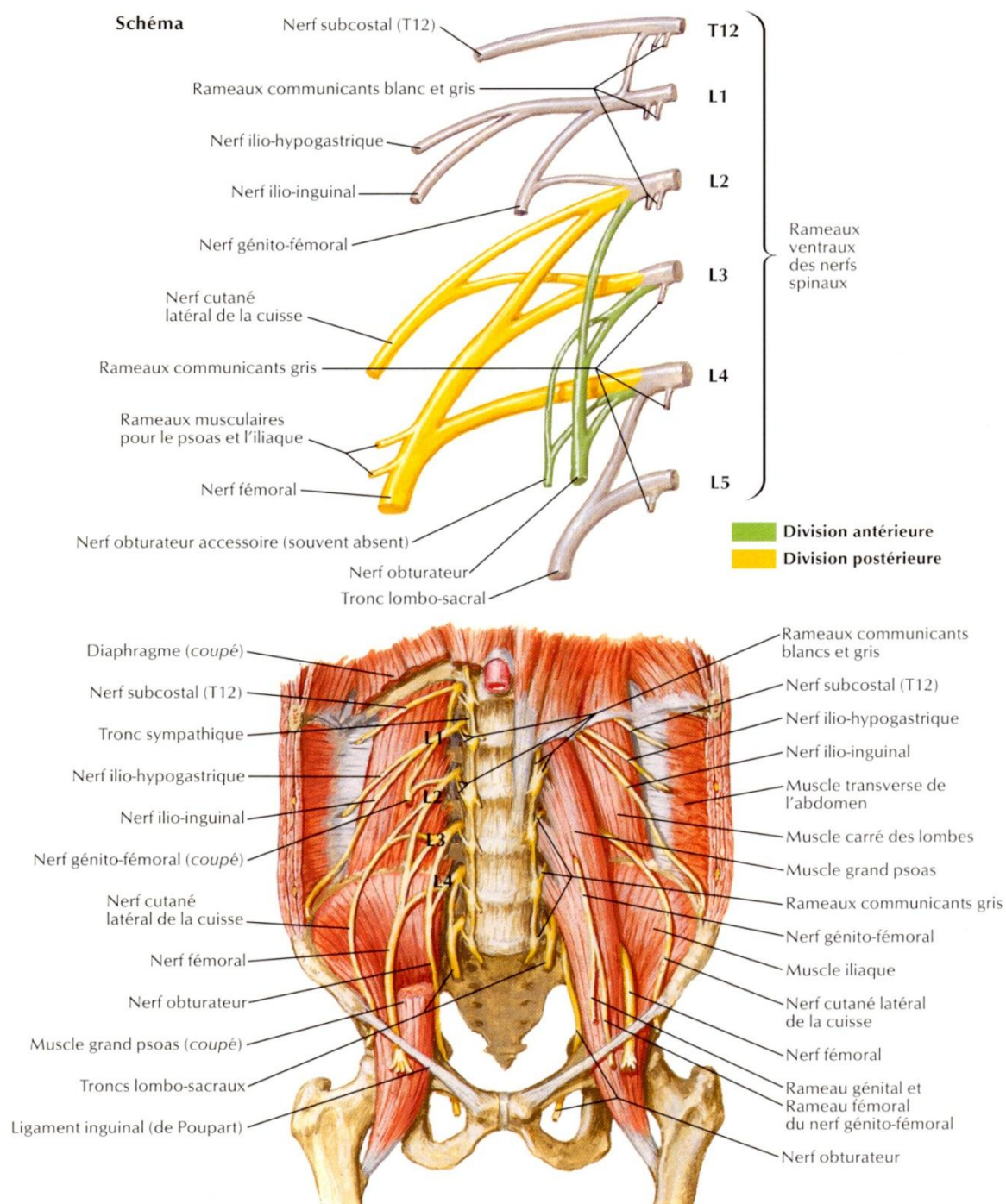


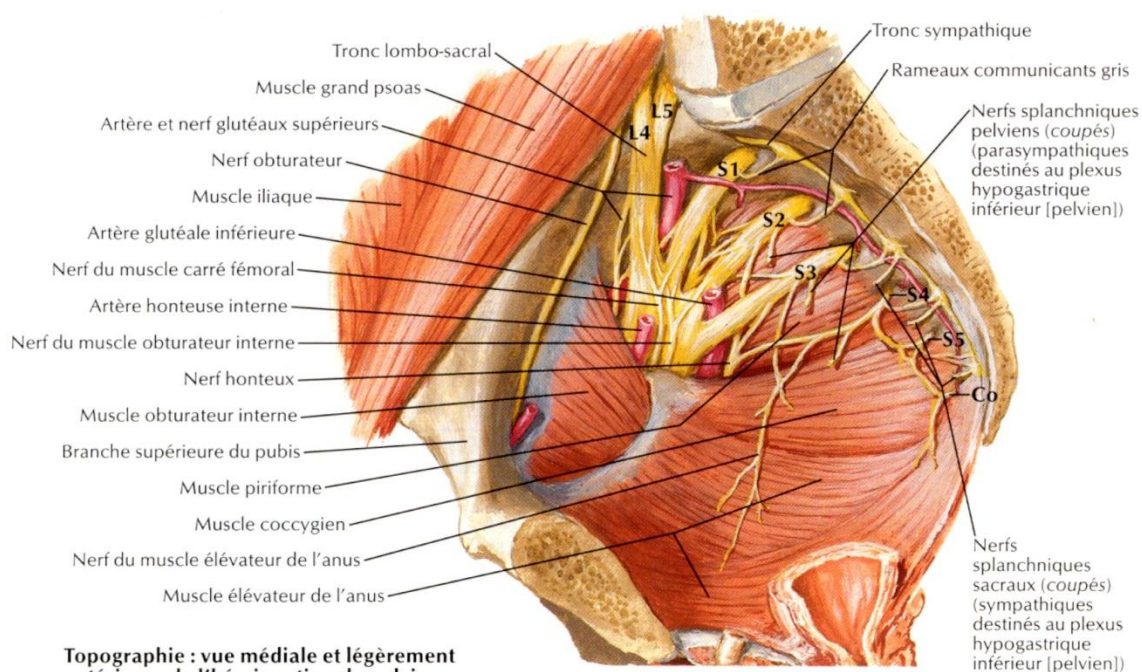
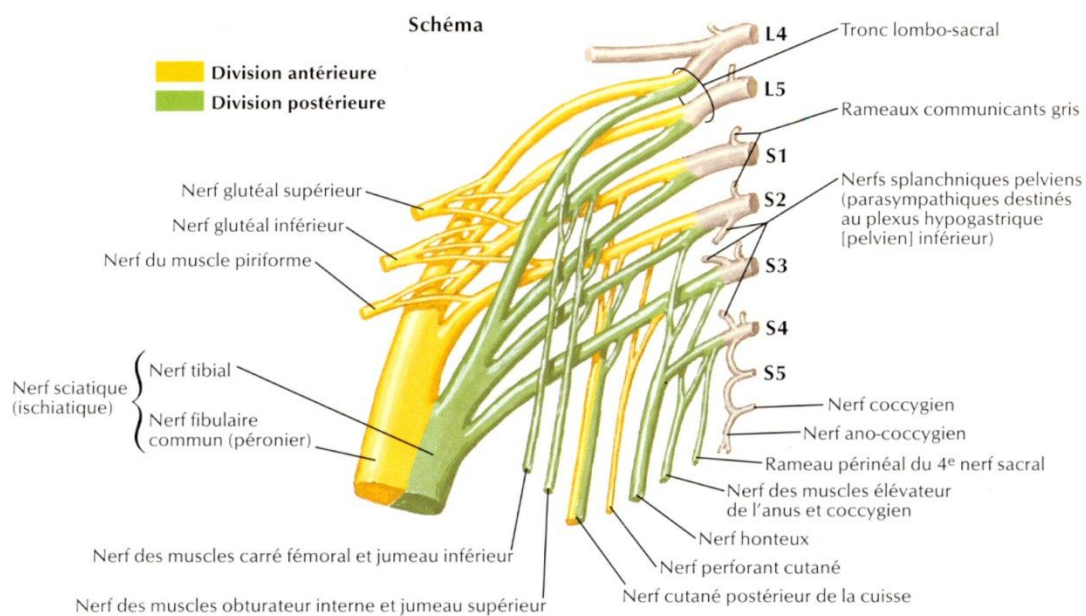






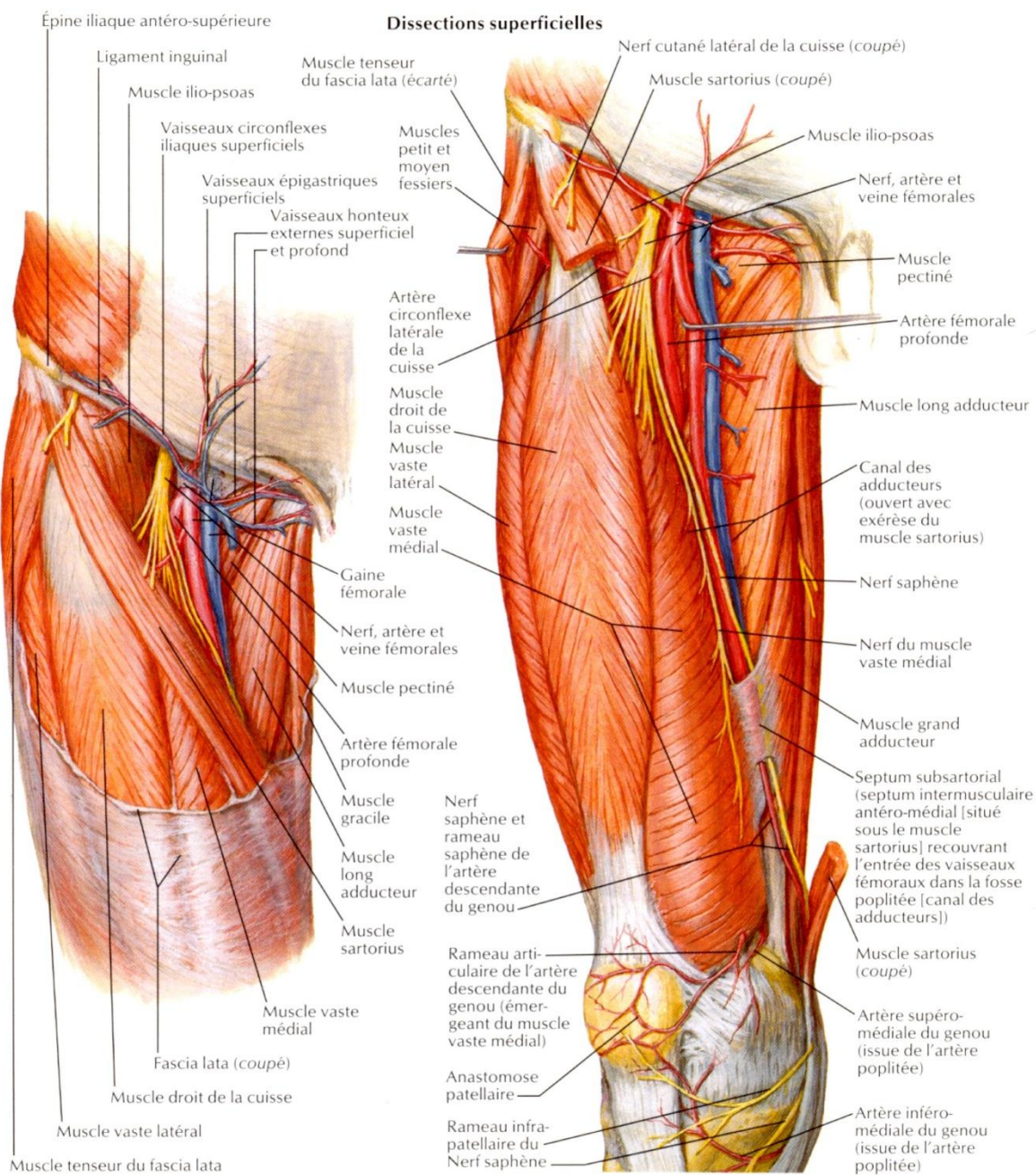




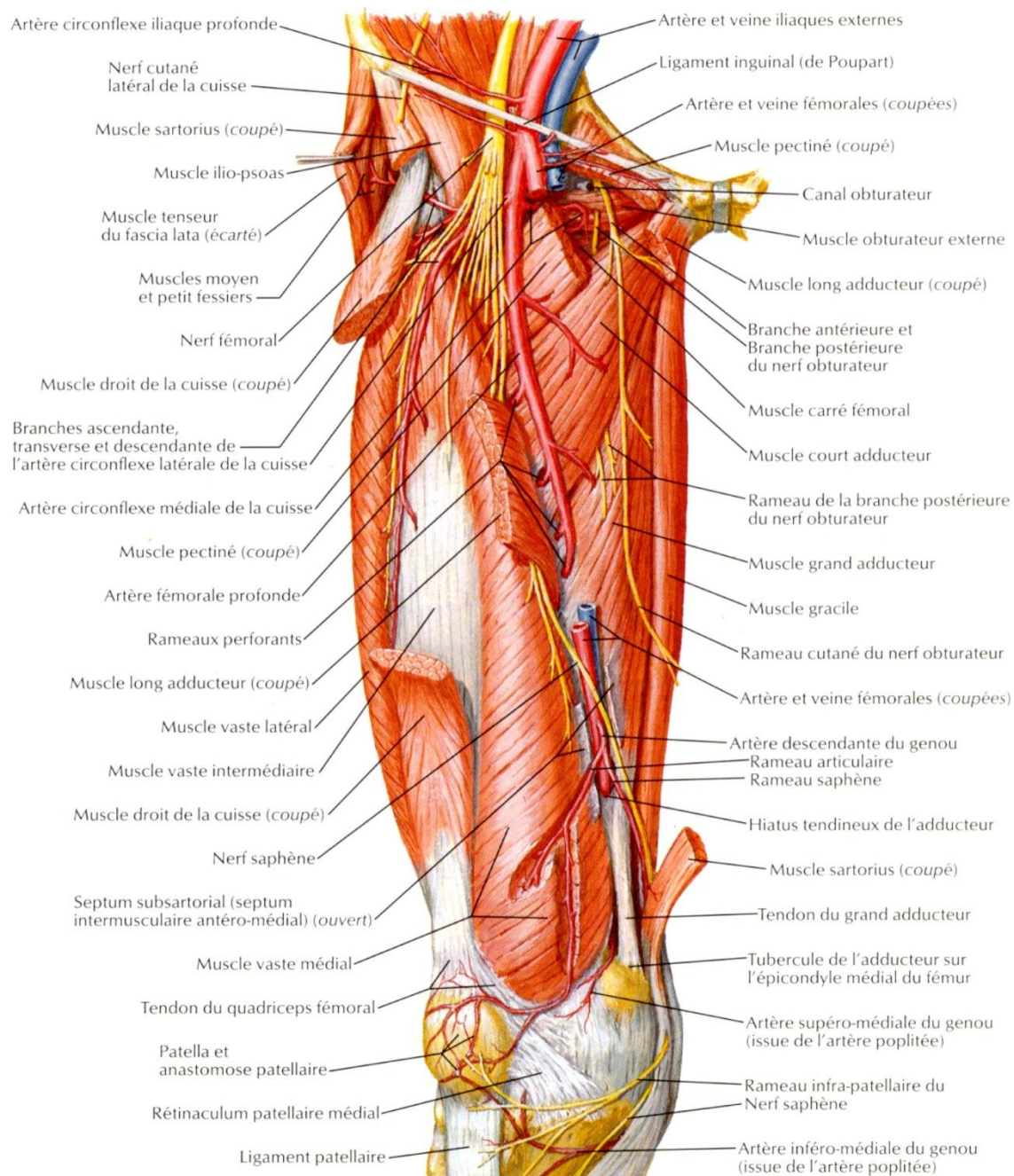


**Topographie : vue médiale et légèrement antérieure de l'hémi-section du pelvis**



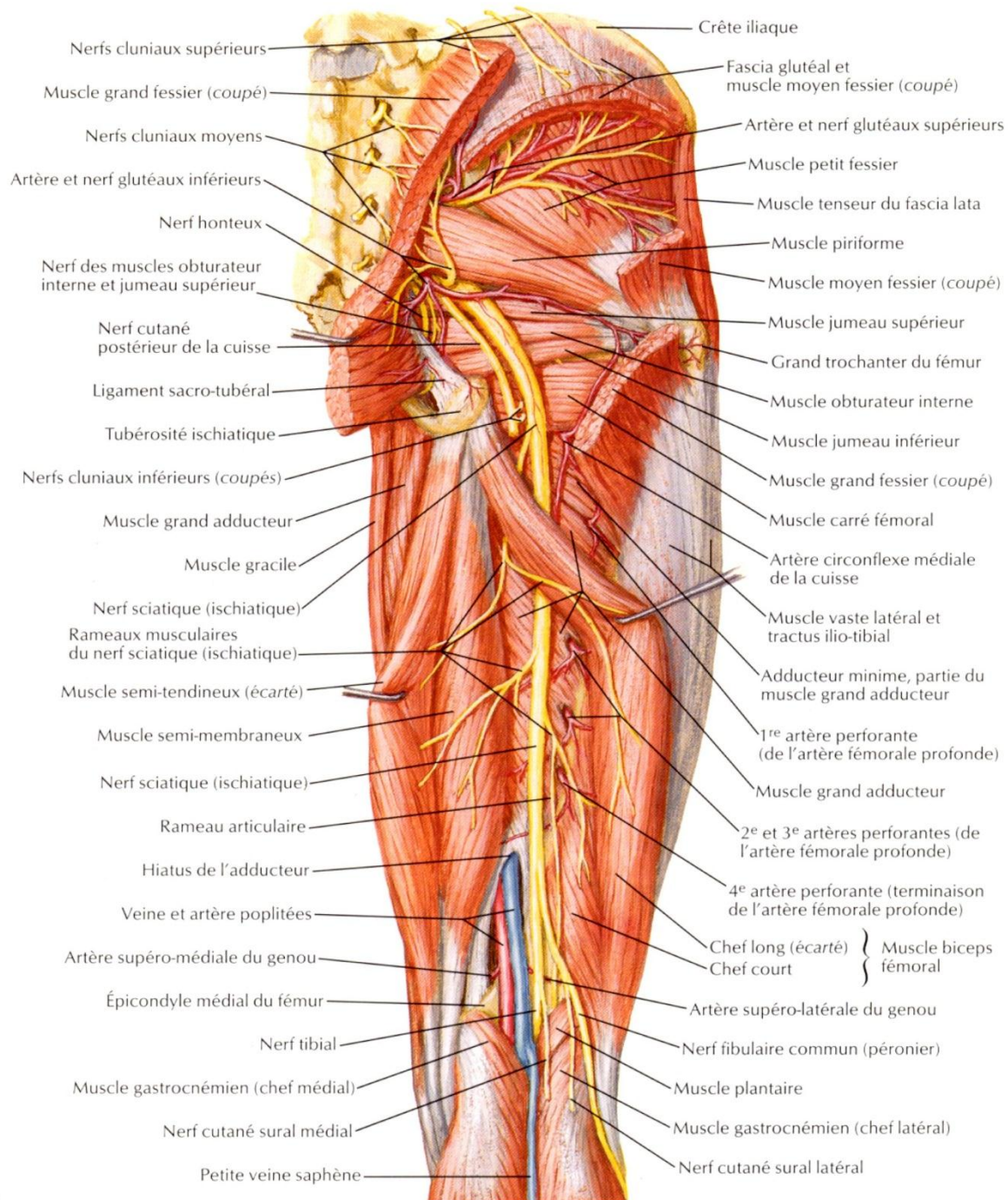


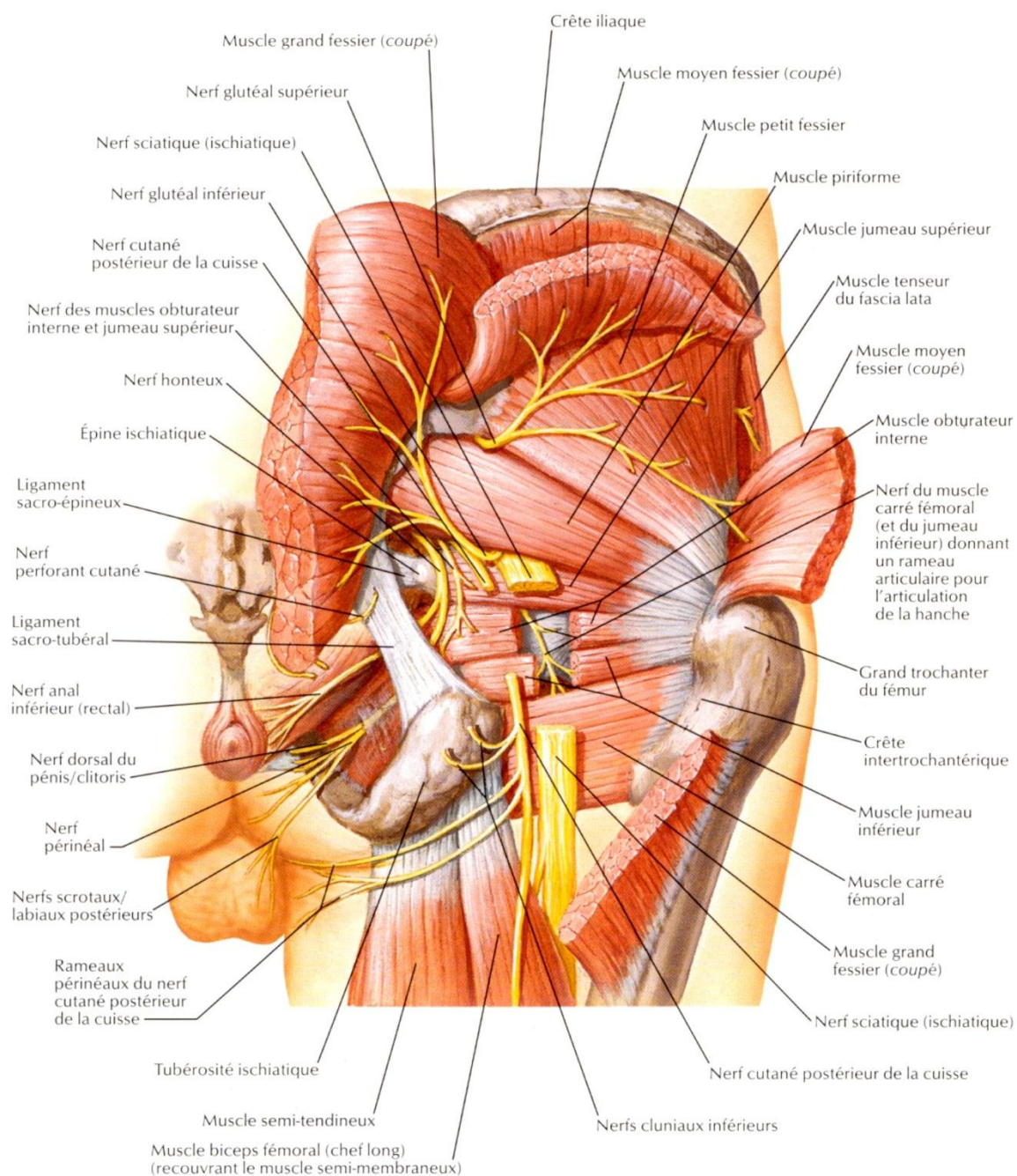
## Dissection profonde



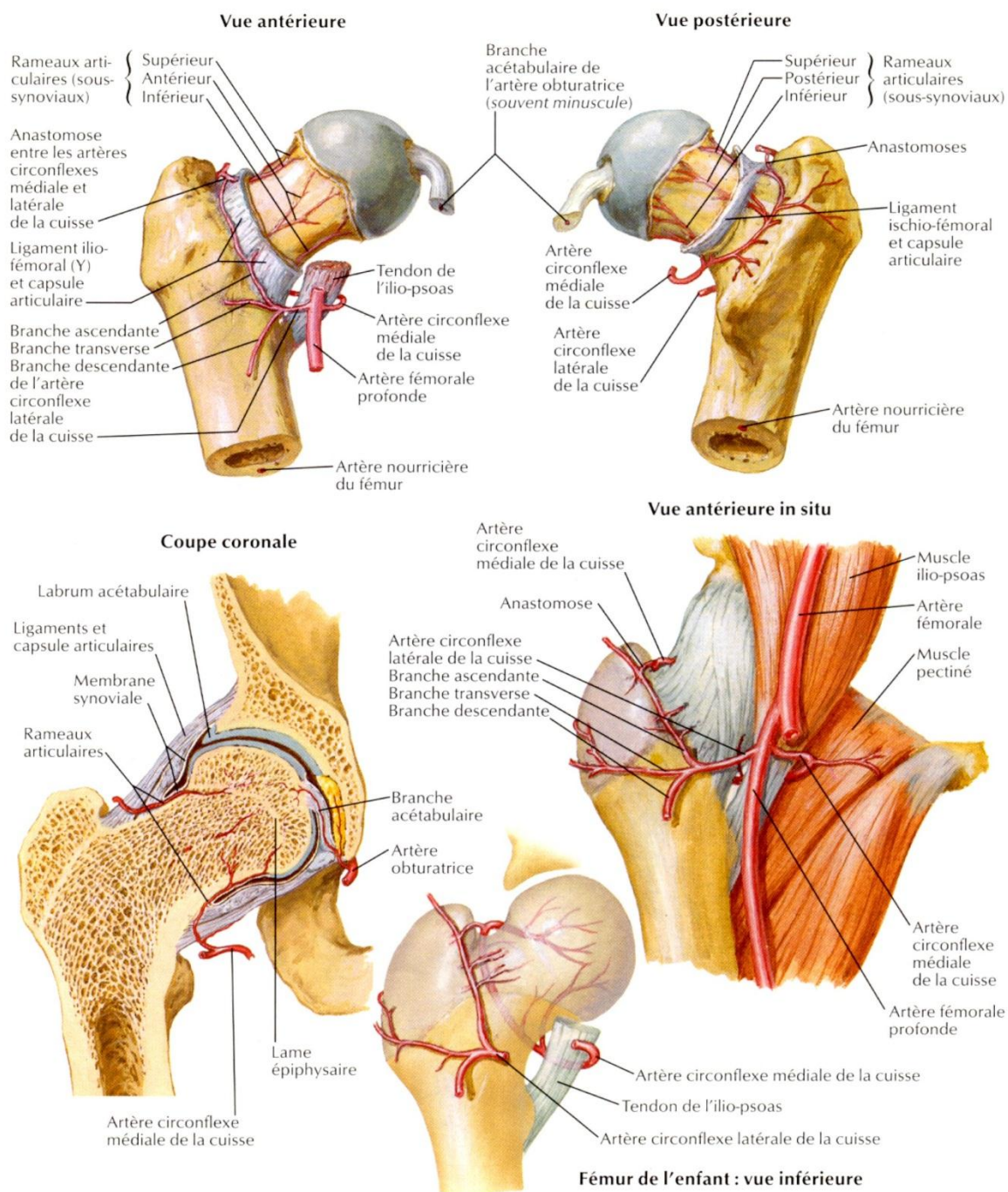


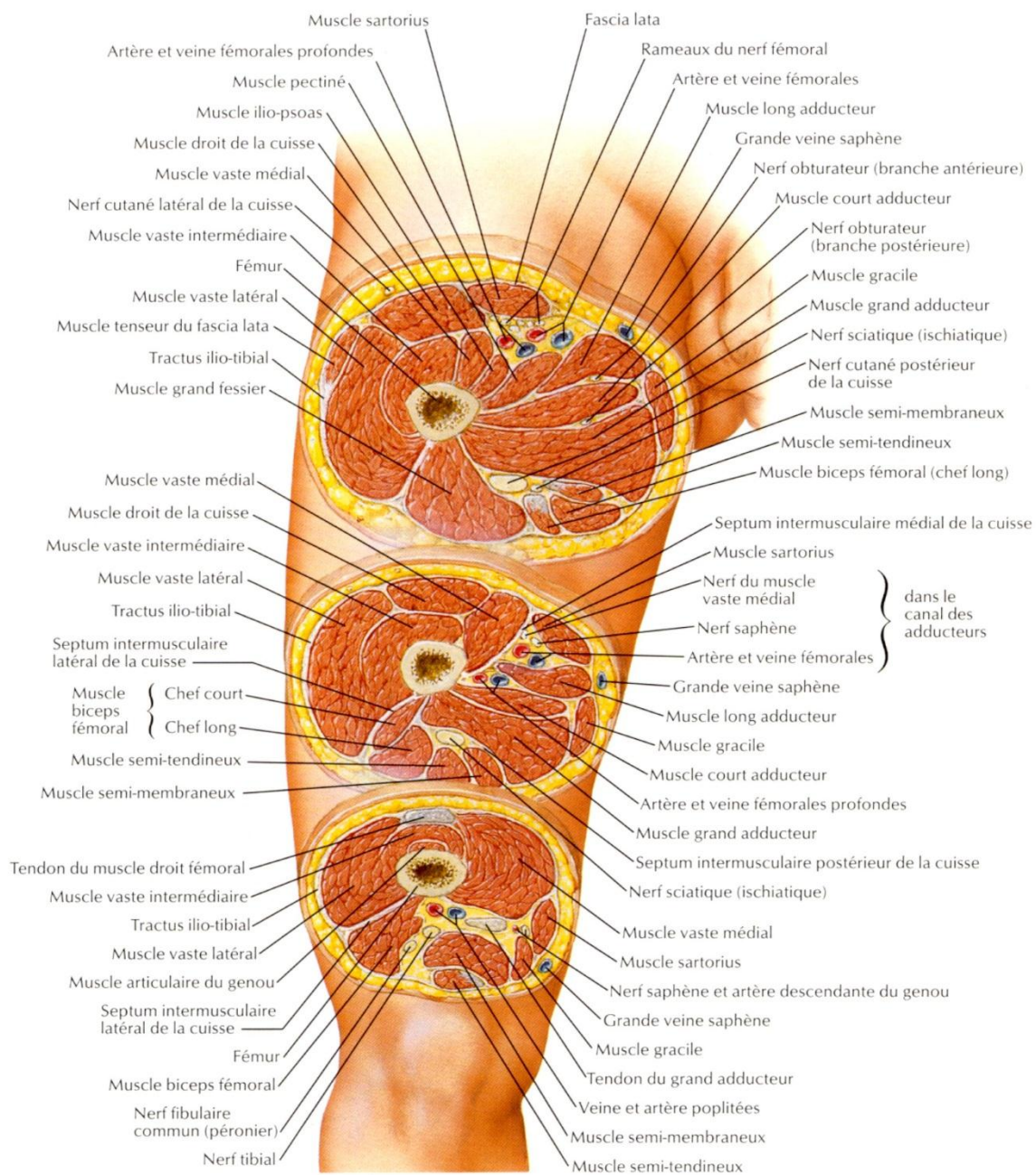
## Dissection profonde





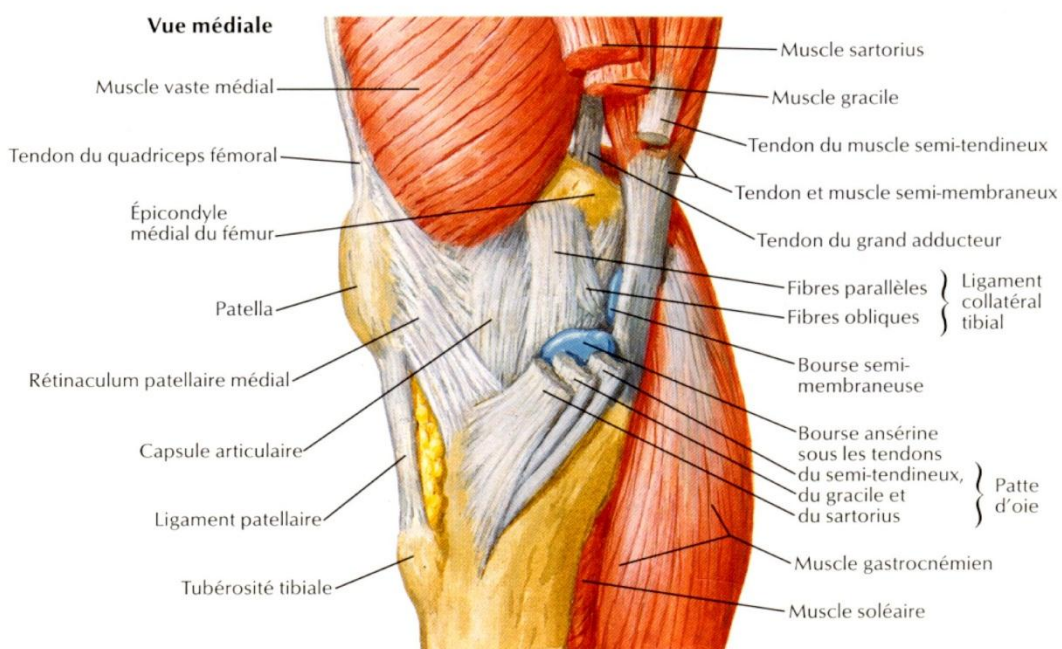
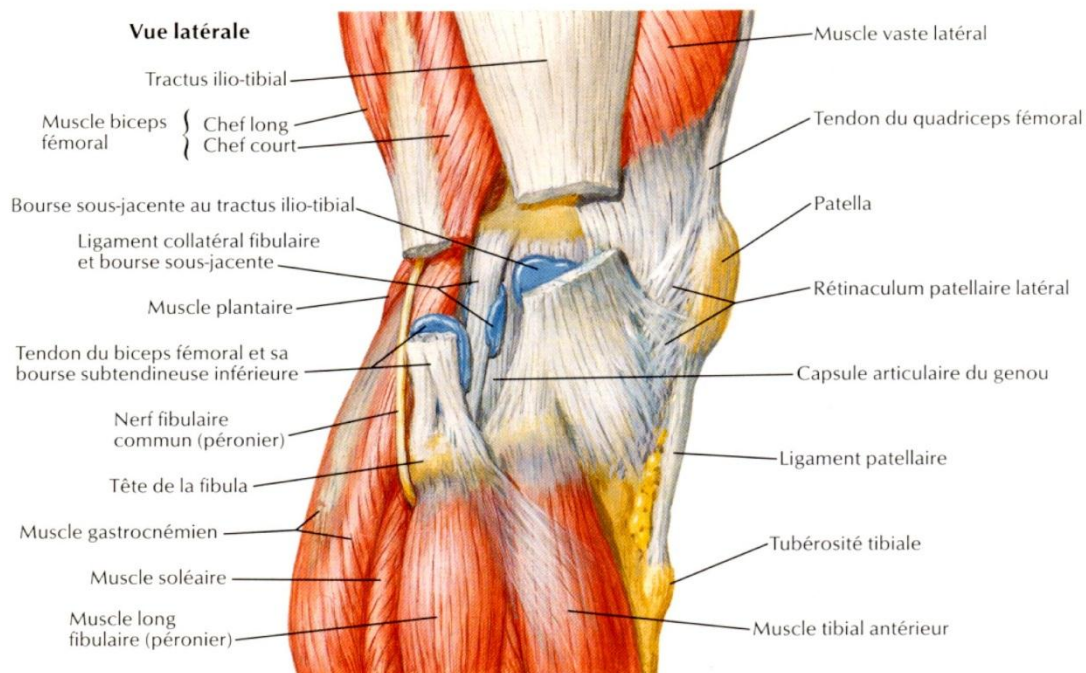




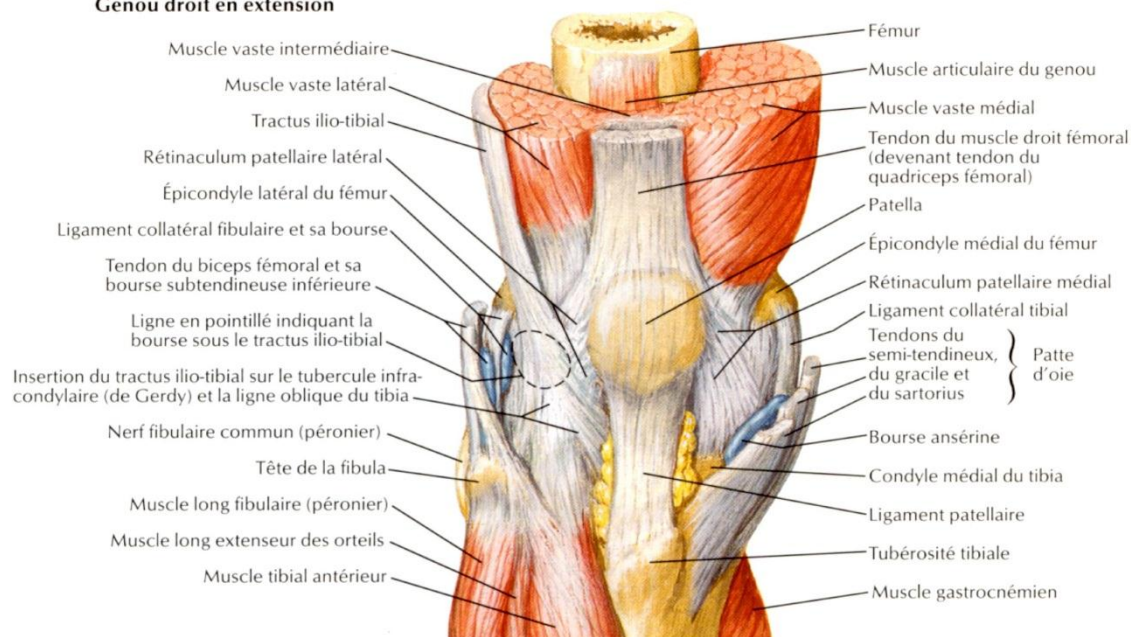




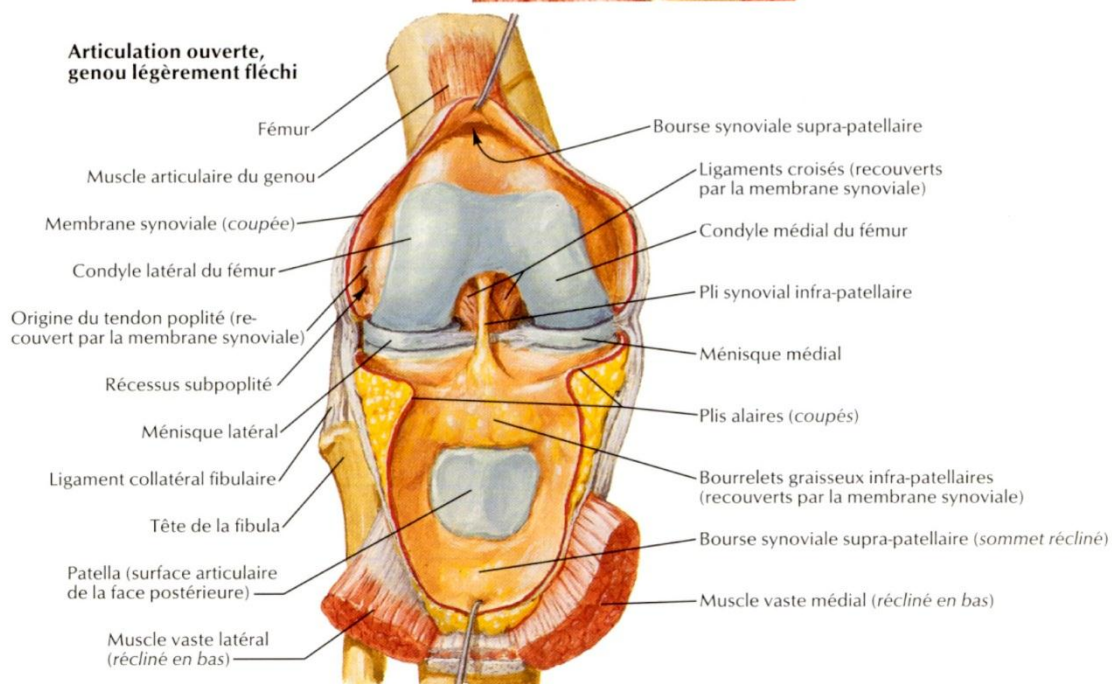
## b. Genou



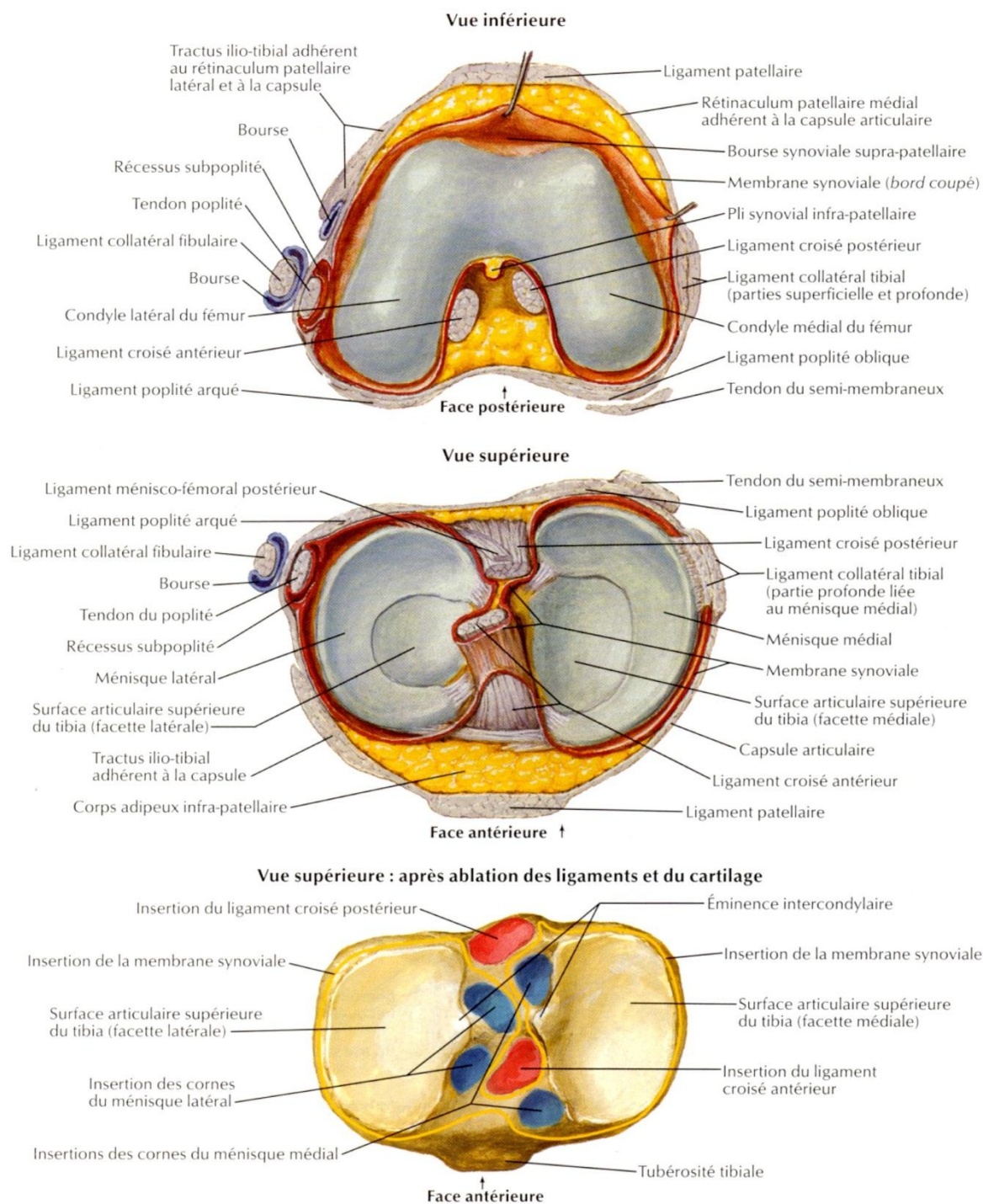
### Genou droit en extension



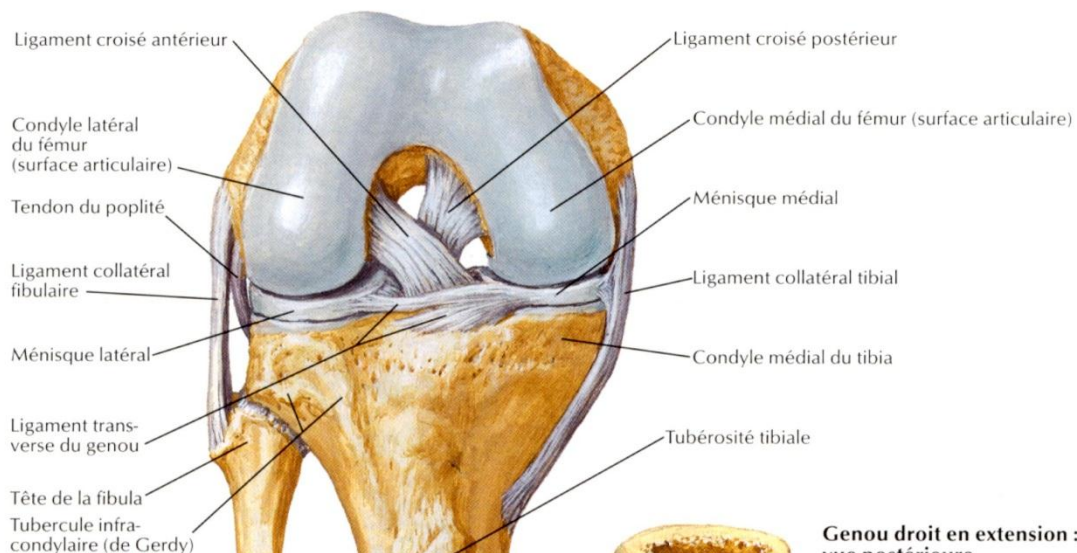
### Articulation ouverte, genou légèrement fléchi



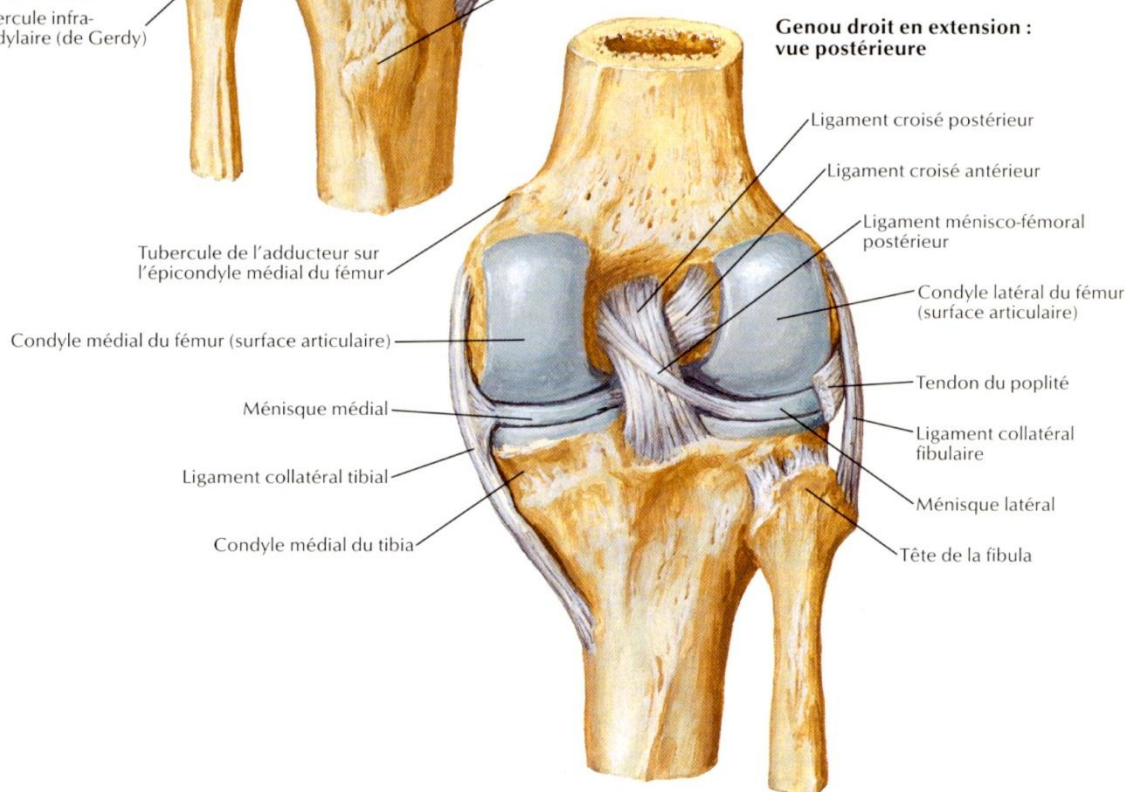




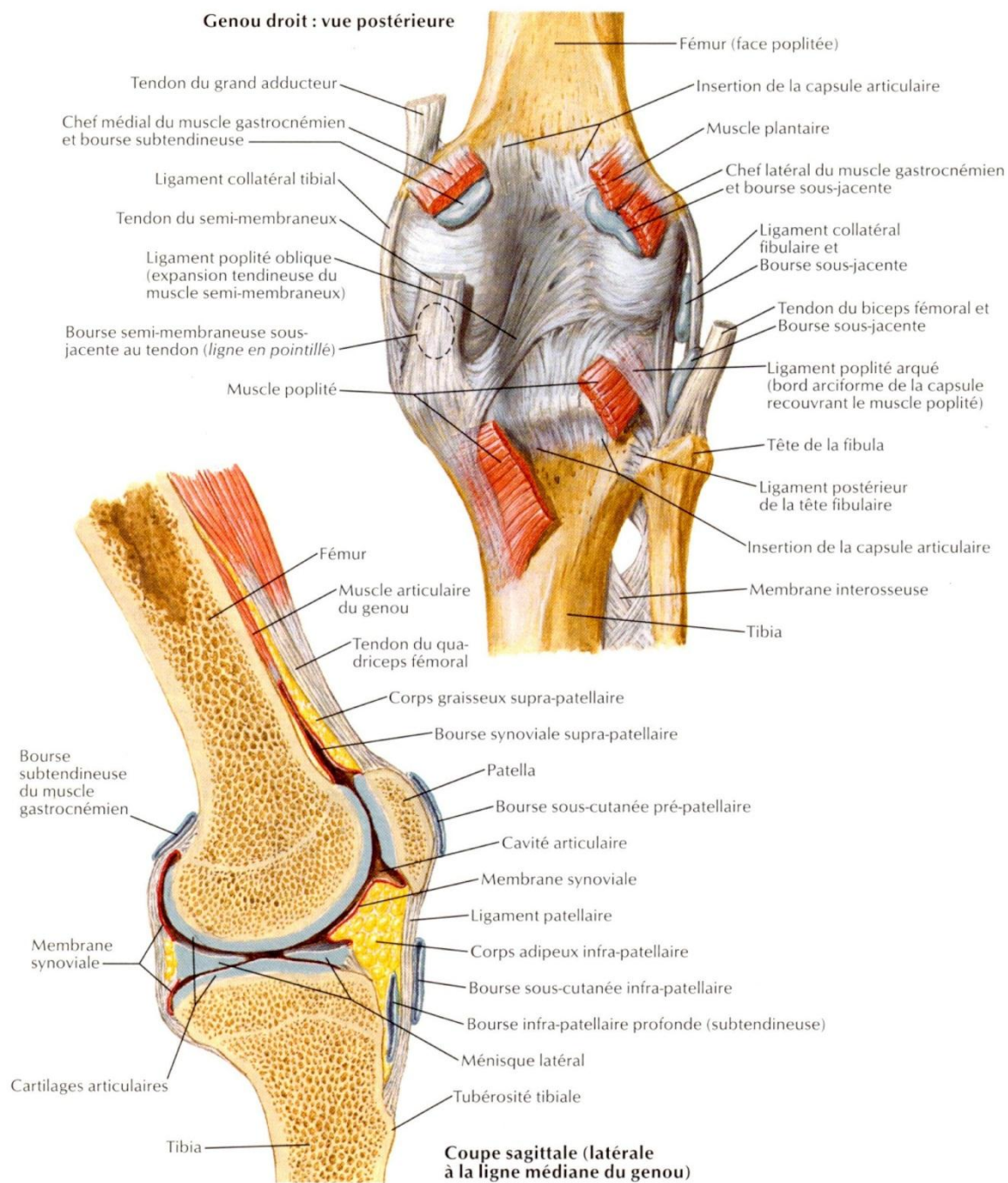
### Genou droit en flexion : vue antérieure

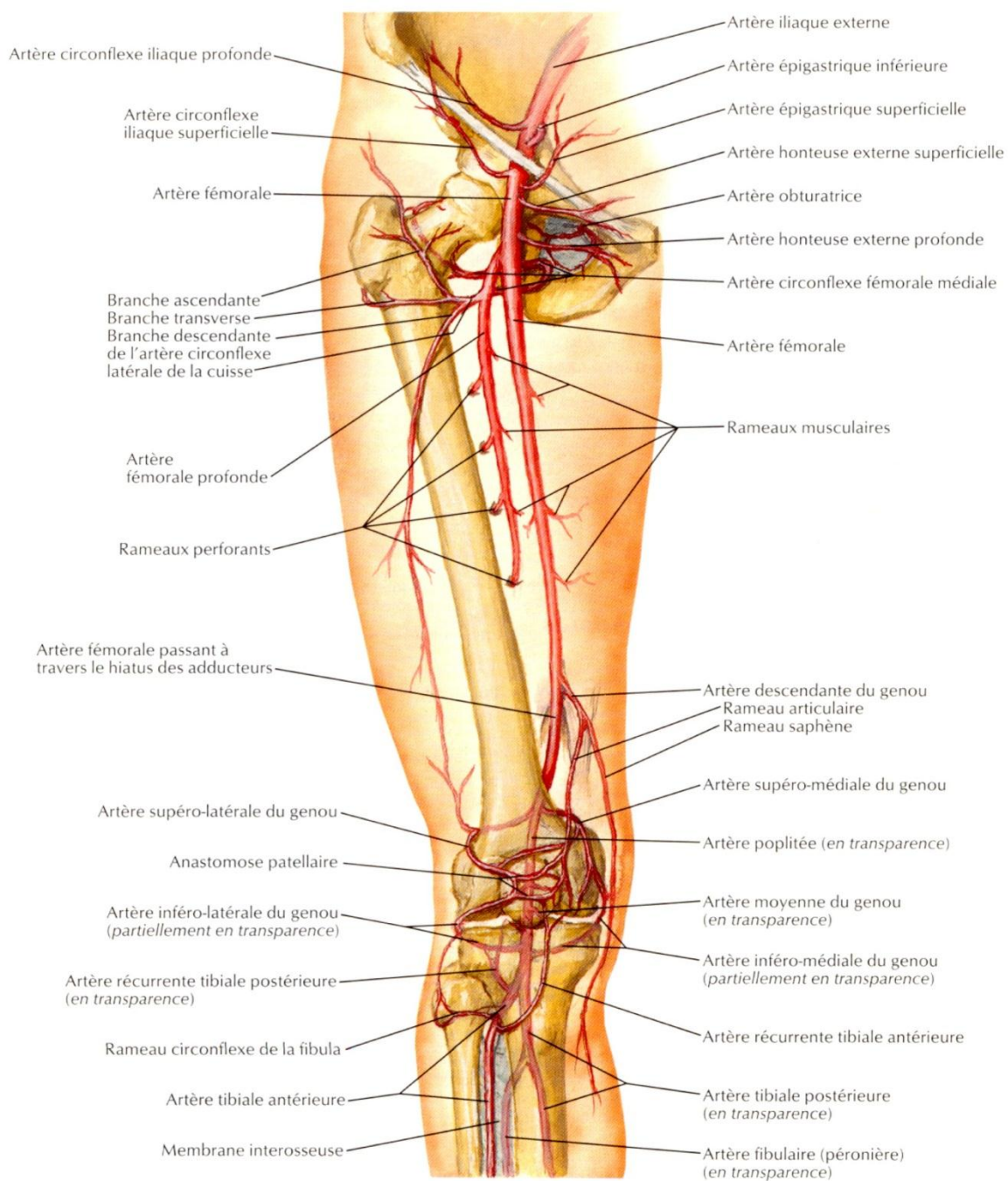


### Genou droit en extension : vue postérieure





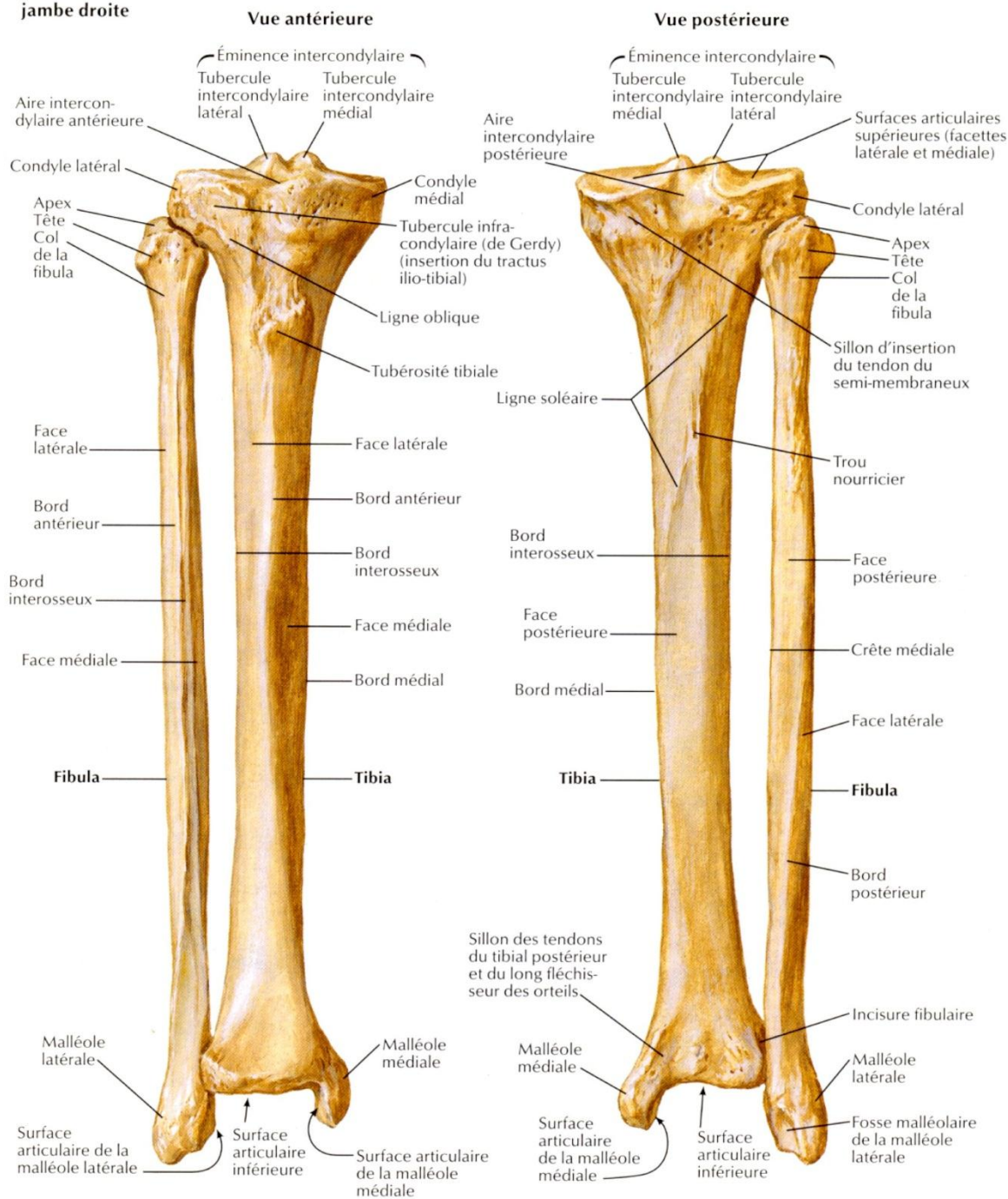


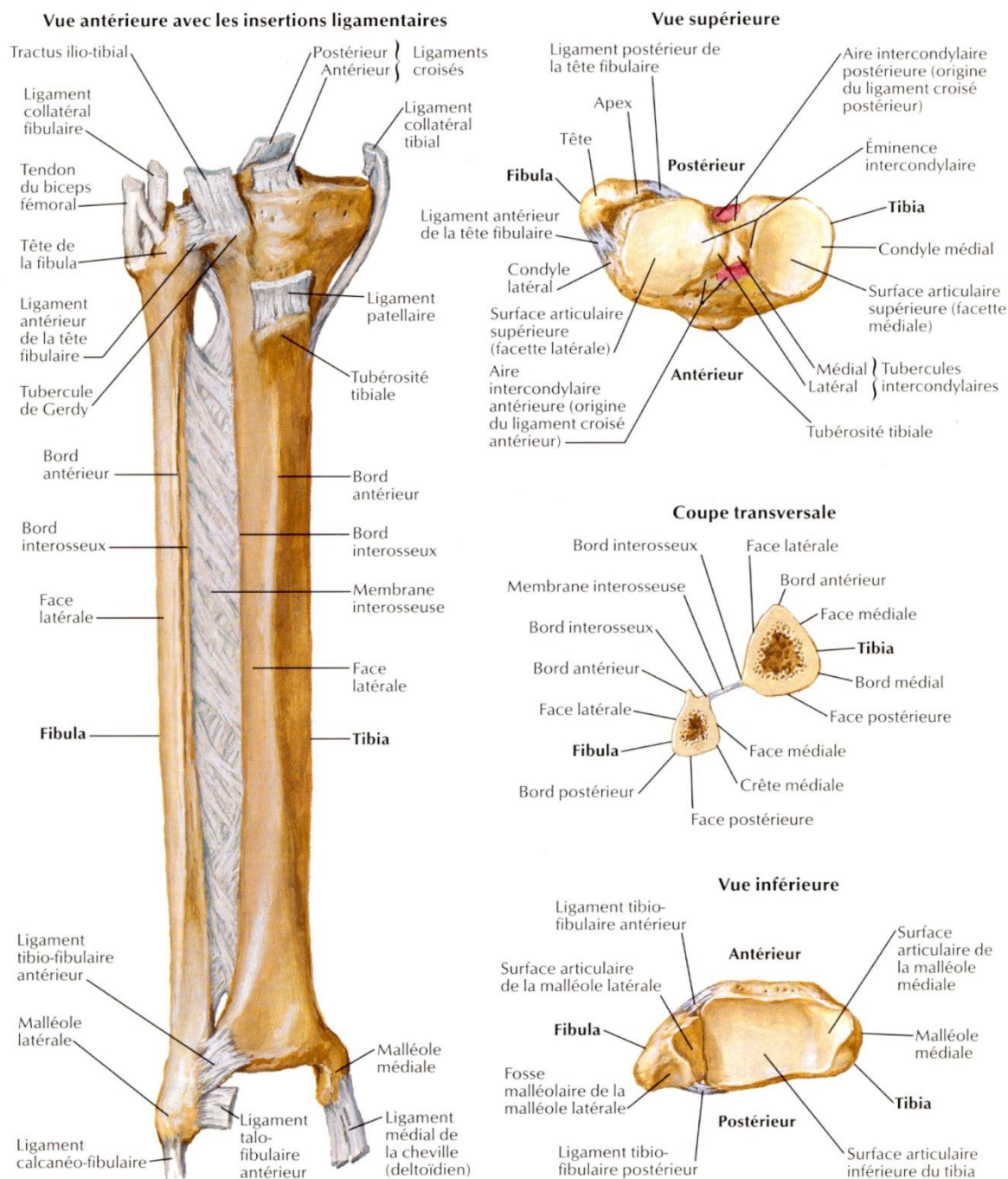




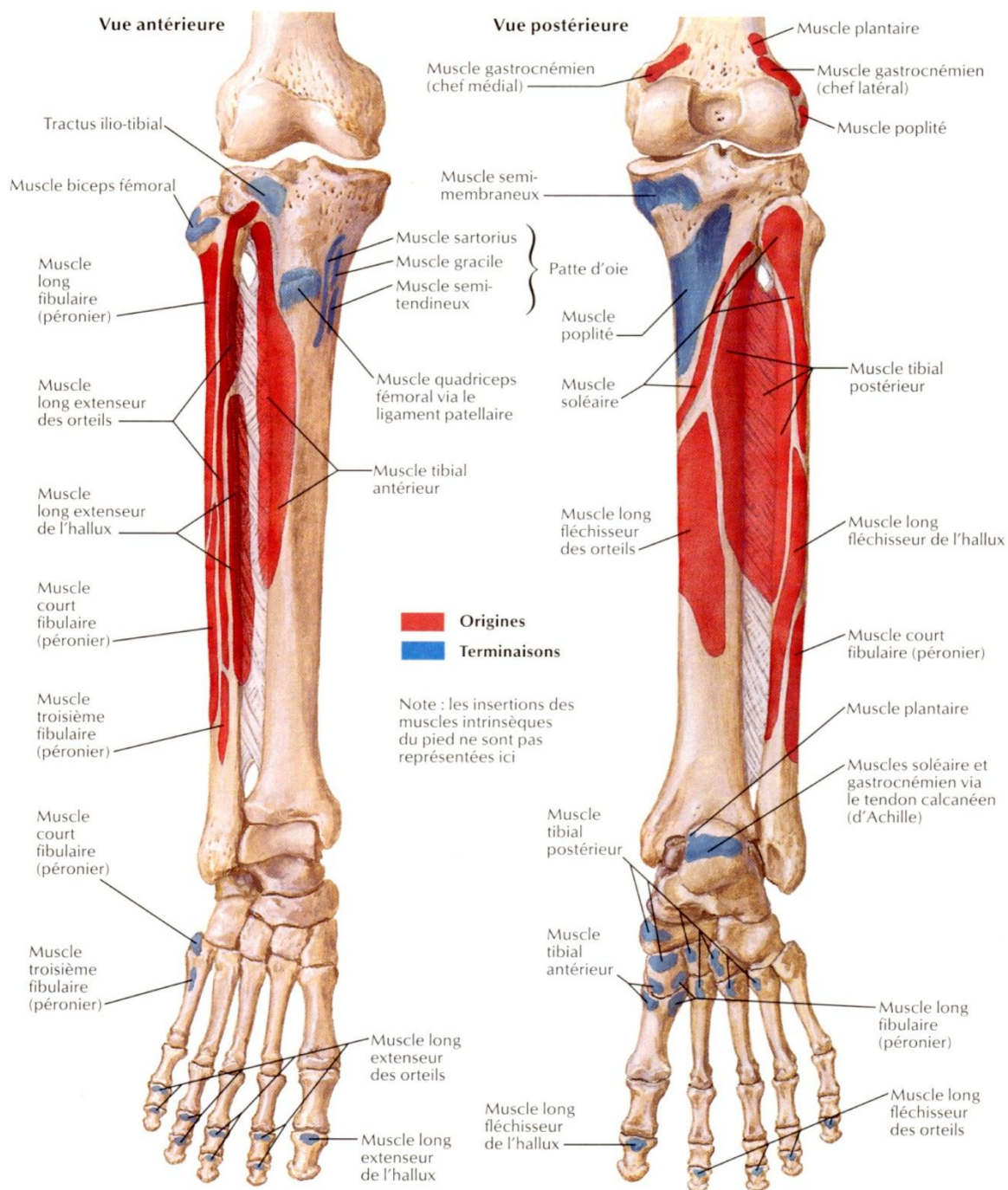
## c. Jambe

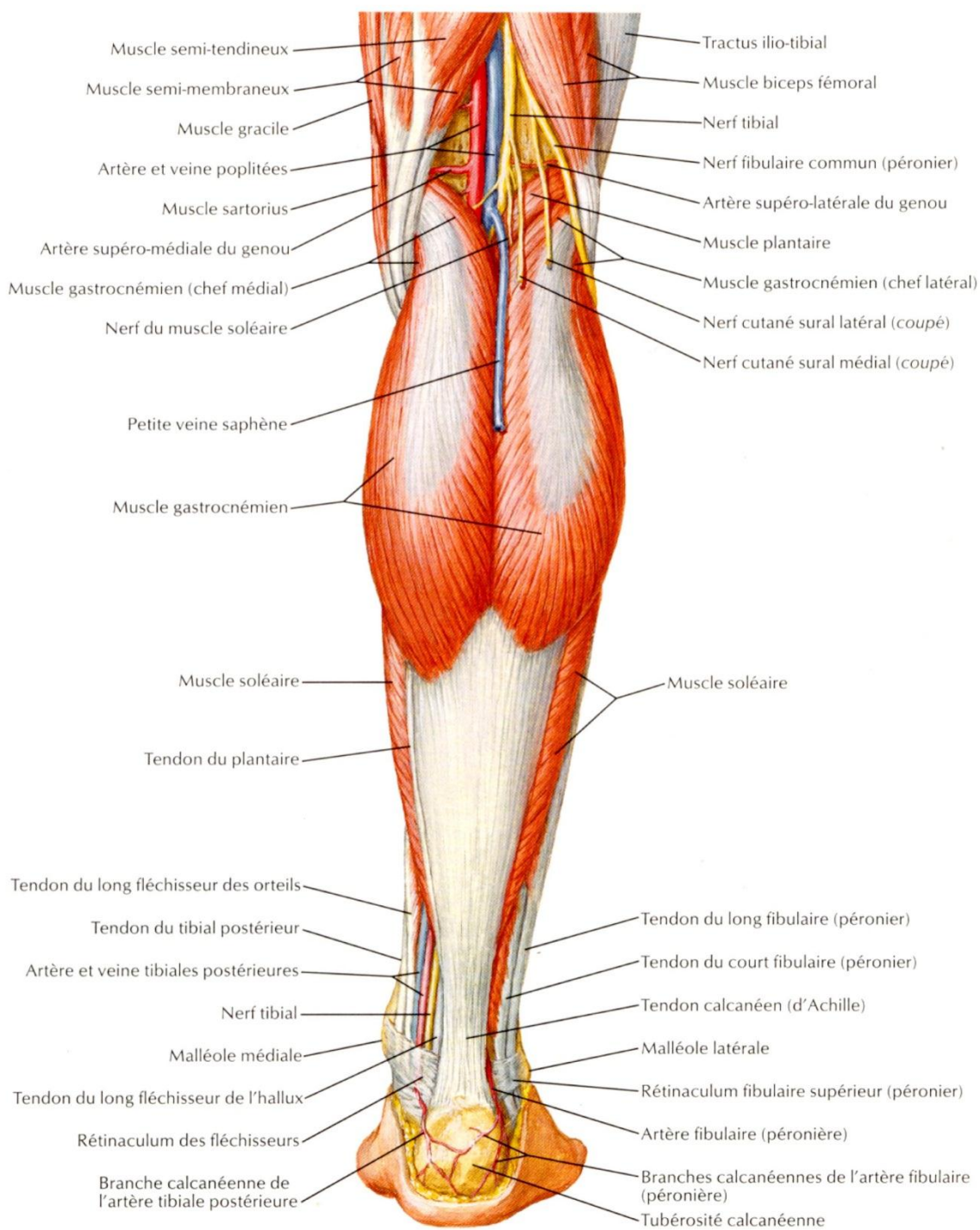
### Os de la jambe droite



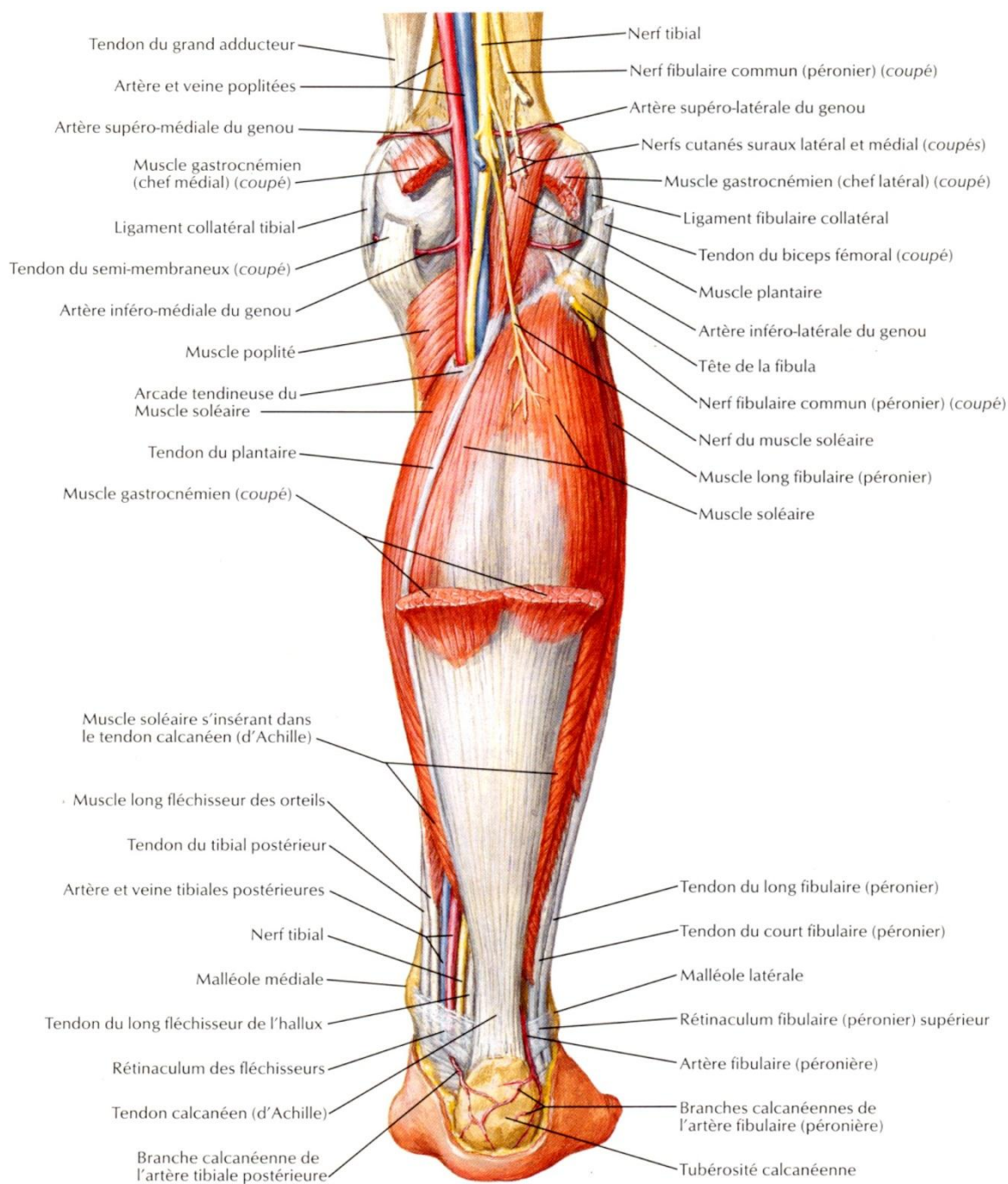


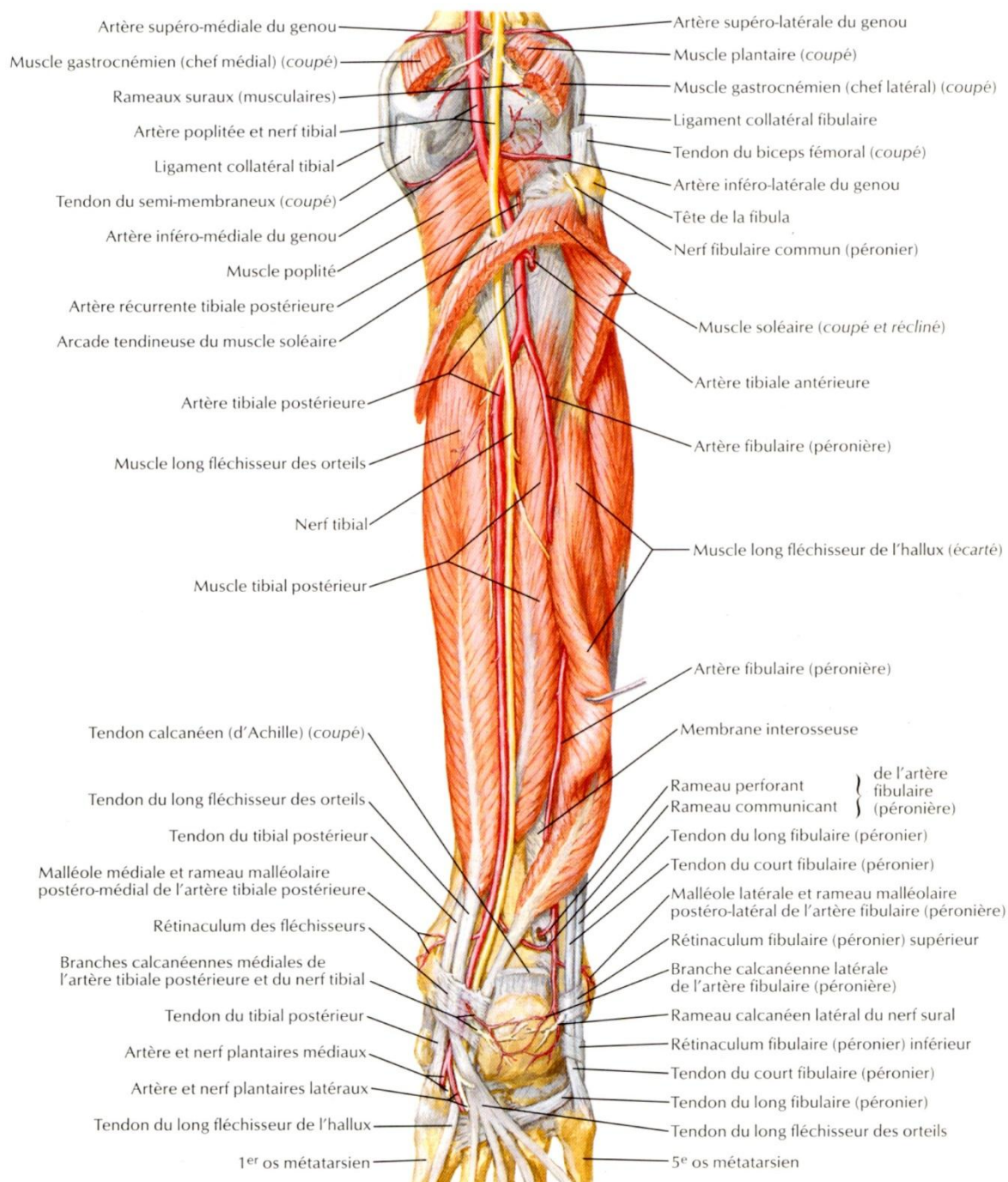




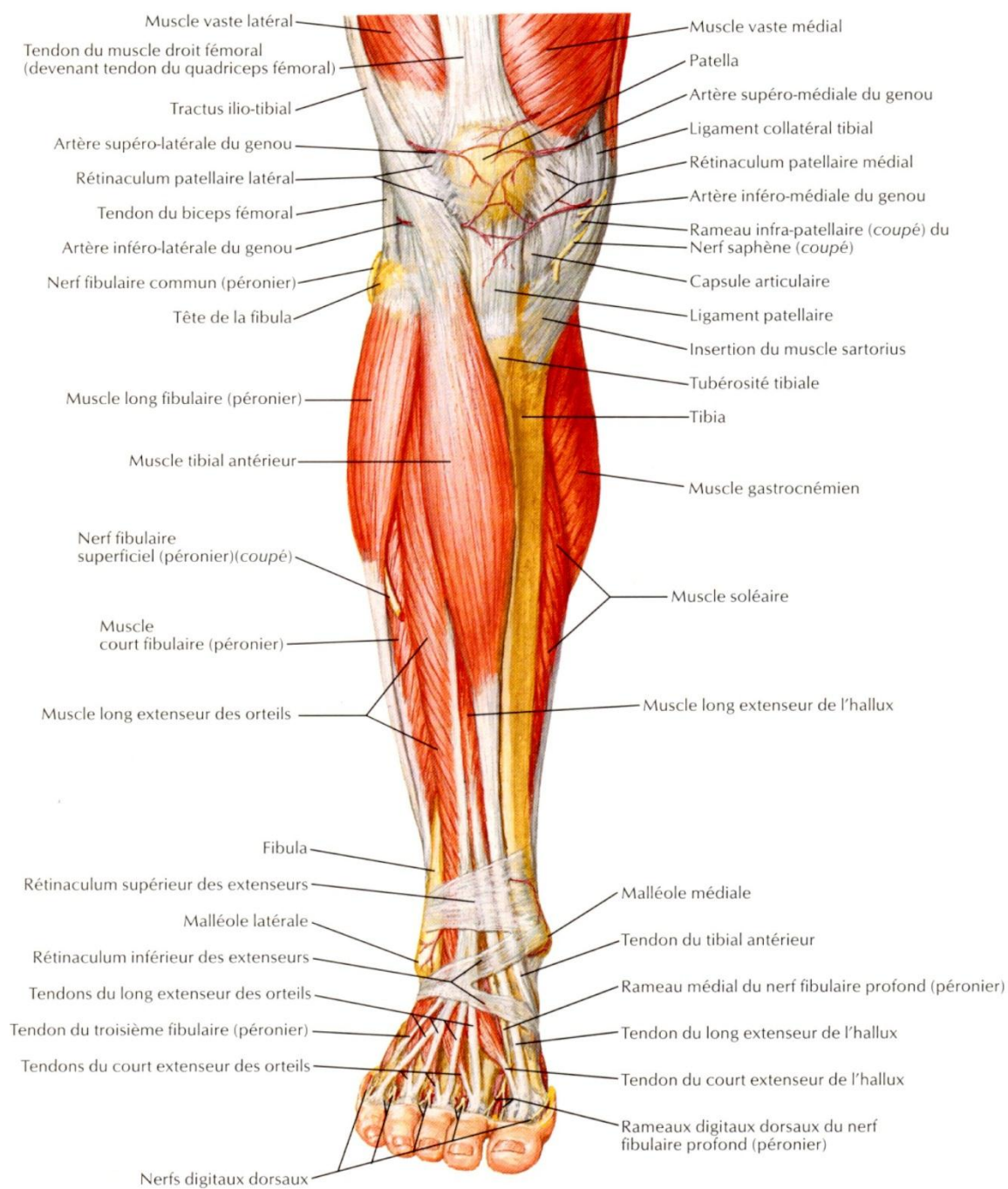


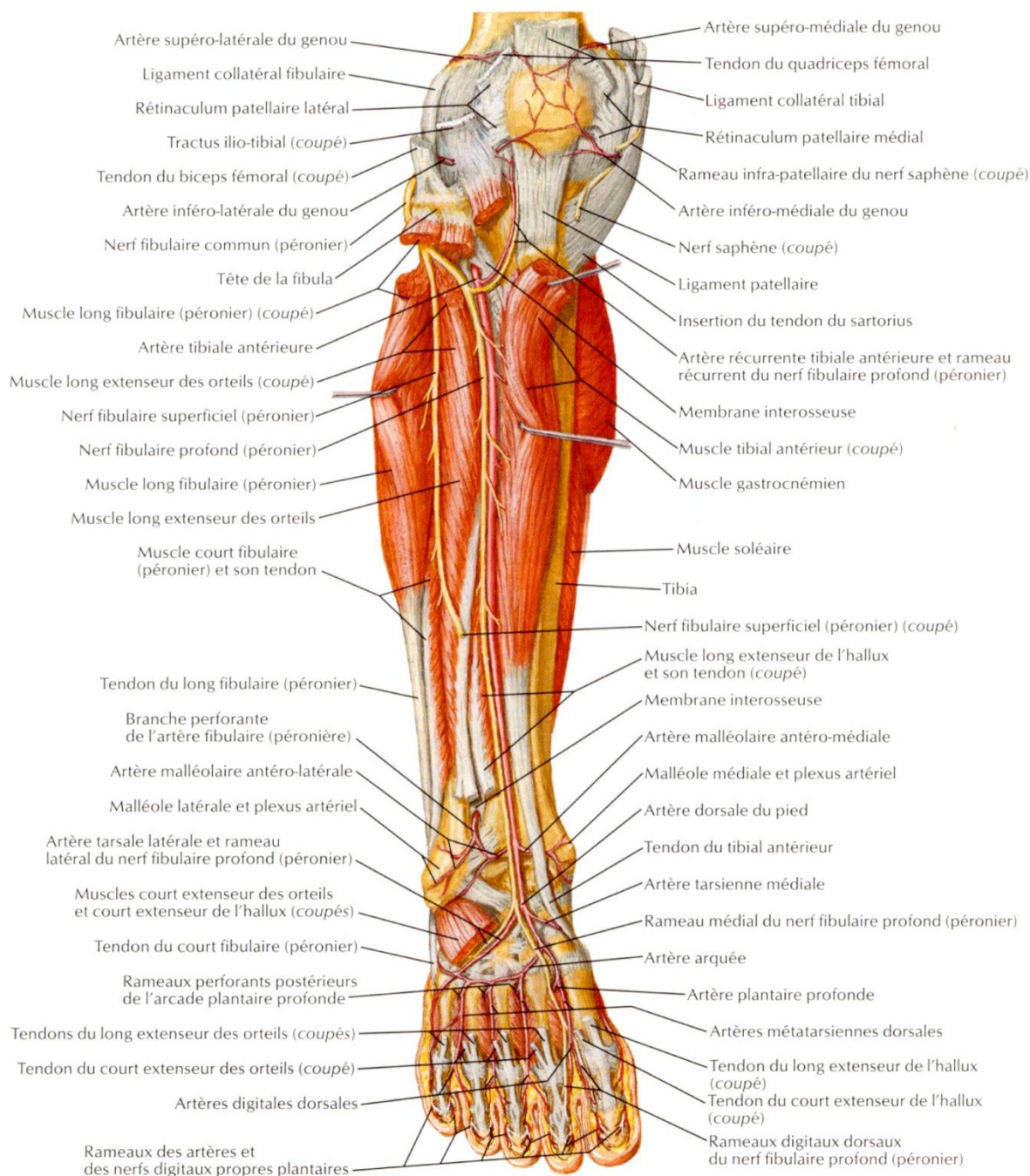




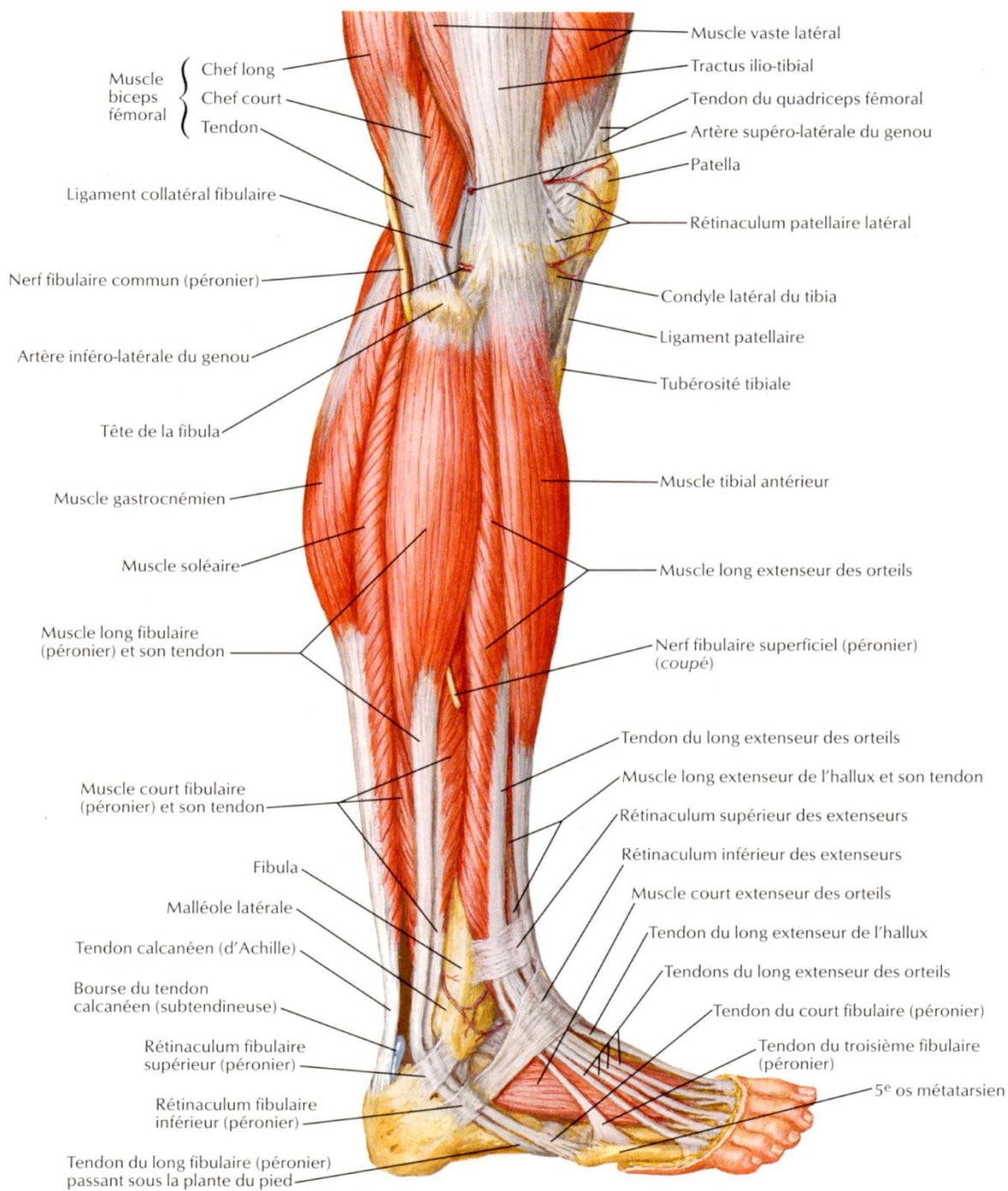


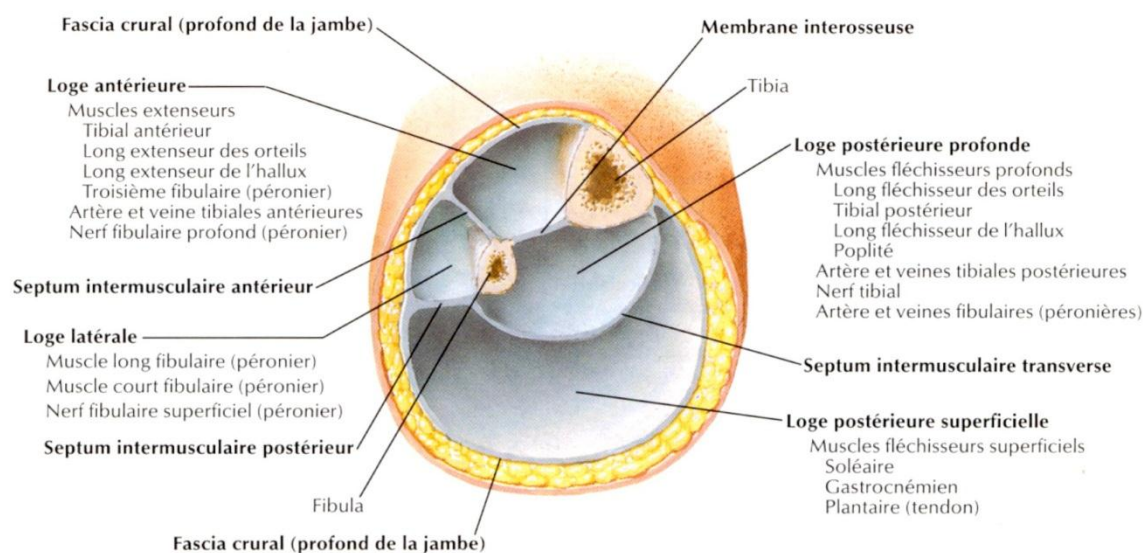




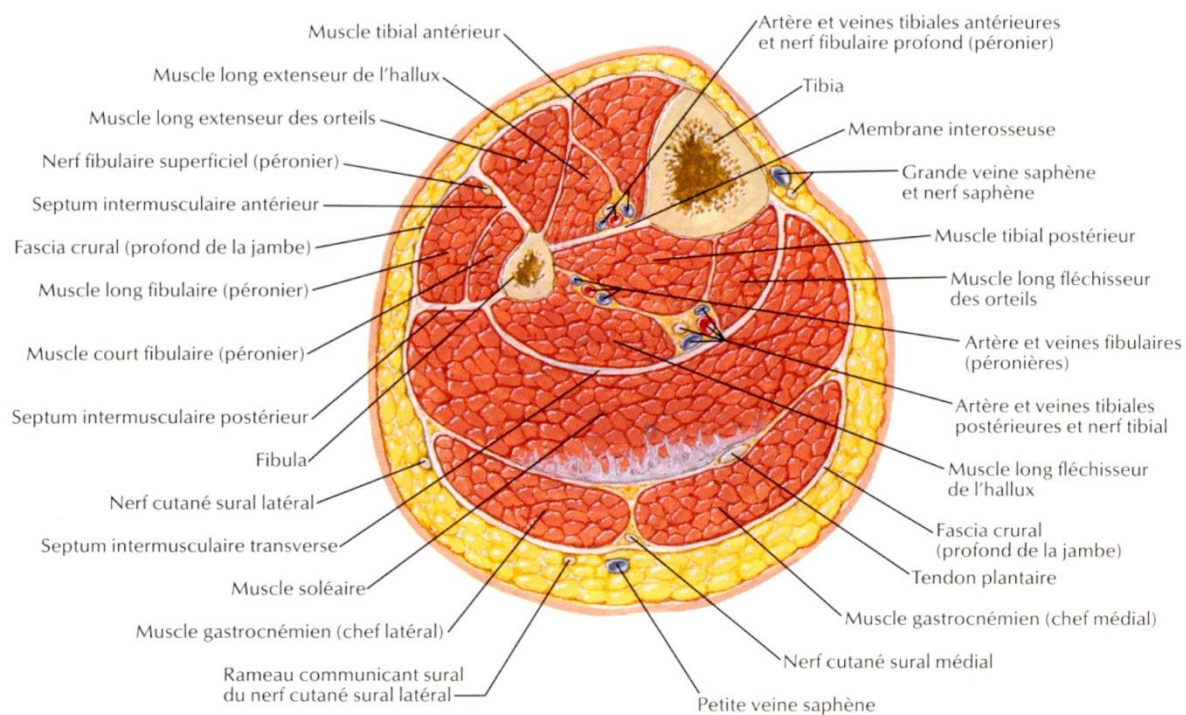








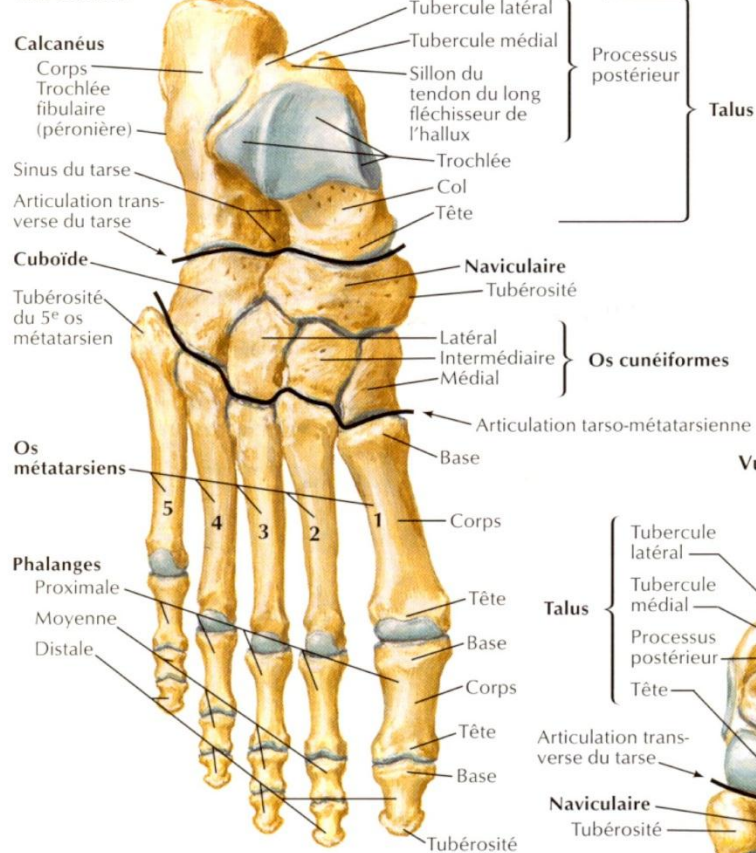
### Coupe transversale juste au-dessus du milieu de la jambe gauche



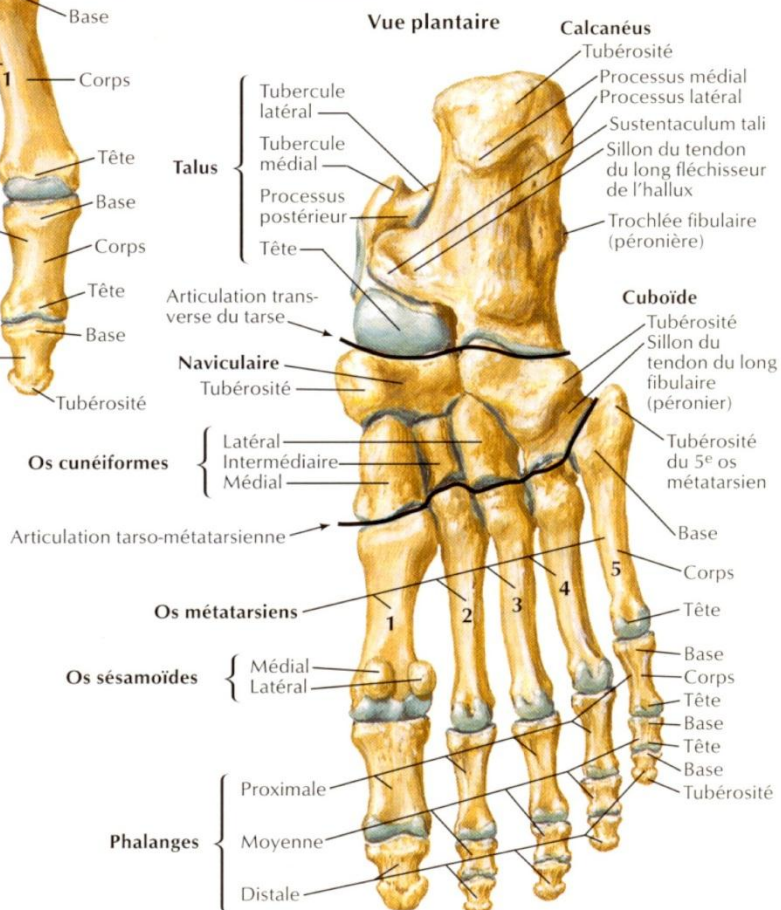


## d. Cheville et pied

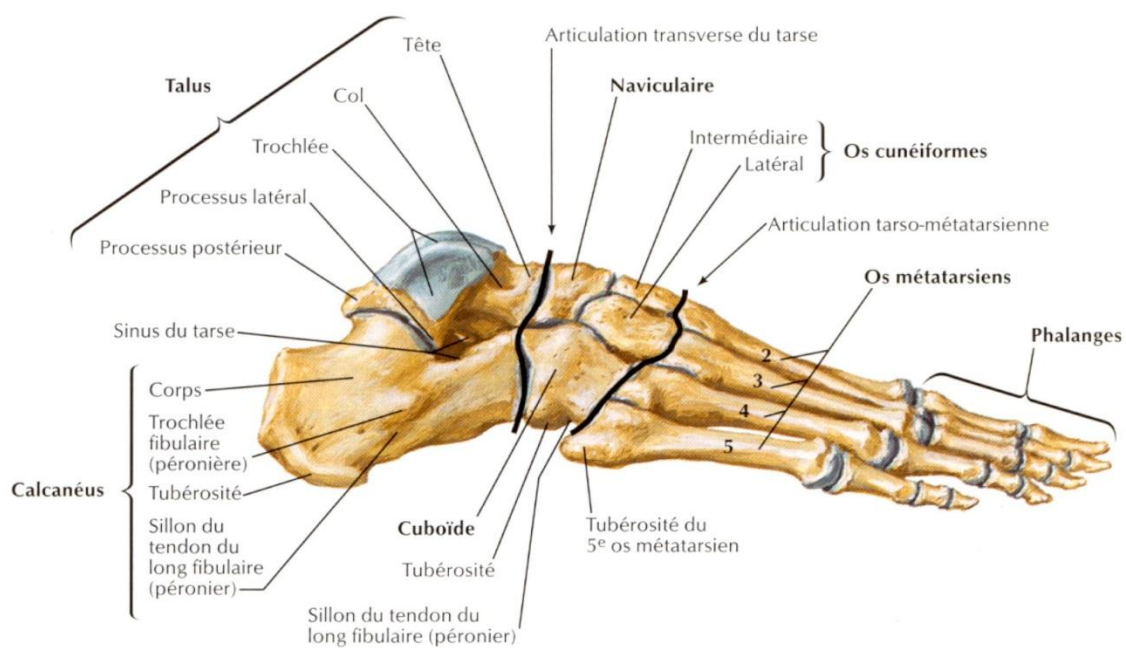
### Vue dorsale



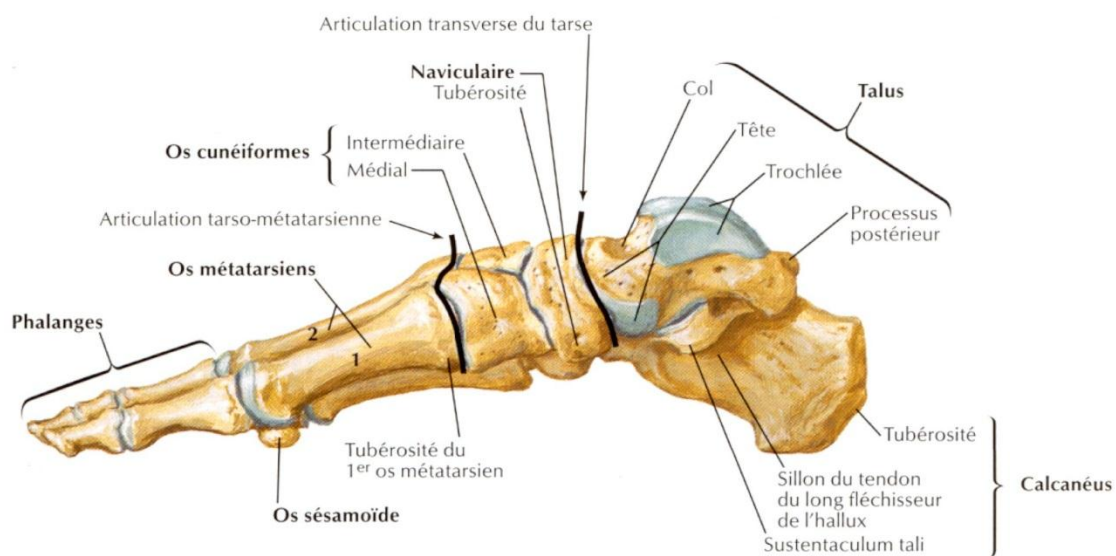
### Vue plantaire



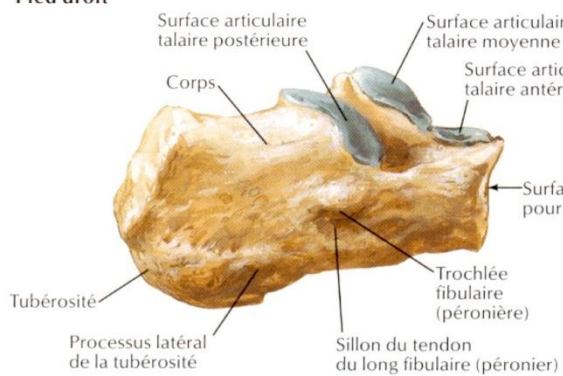
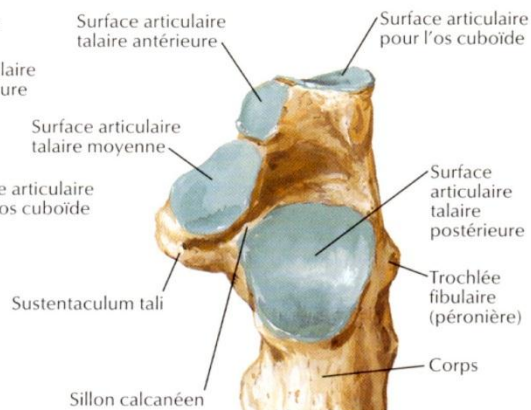
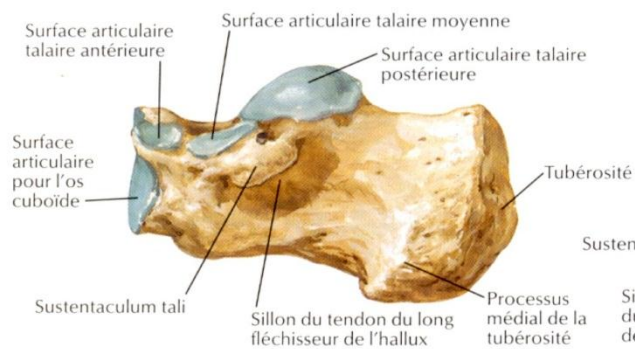
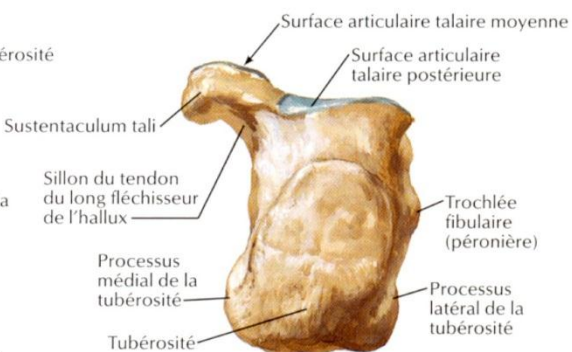
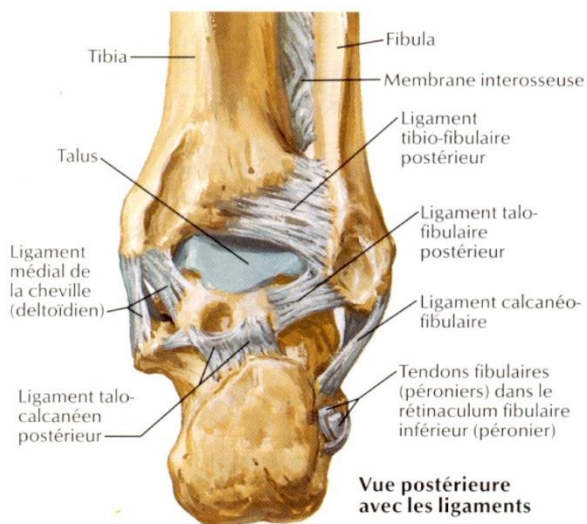
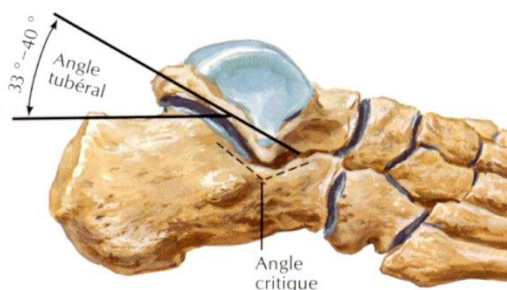
## Vue latérale

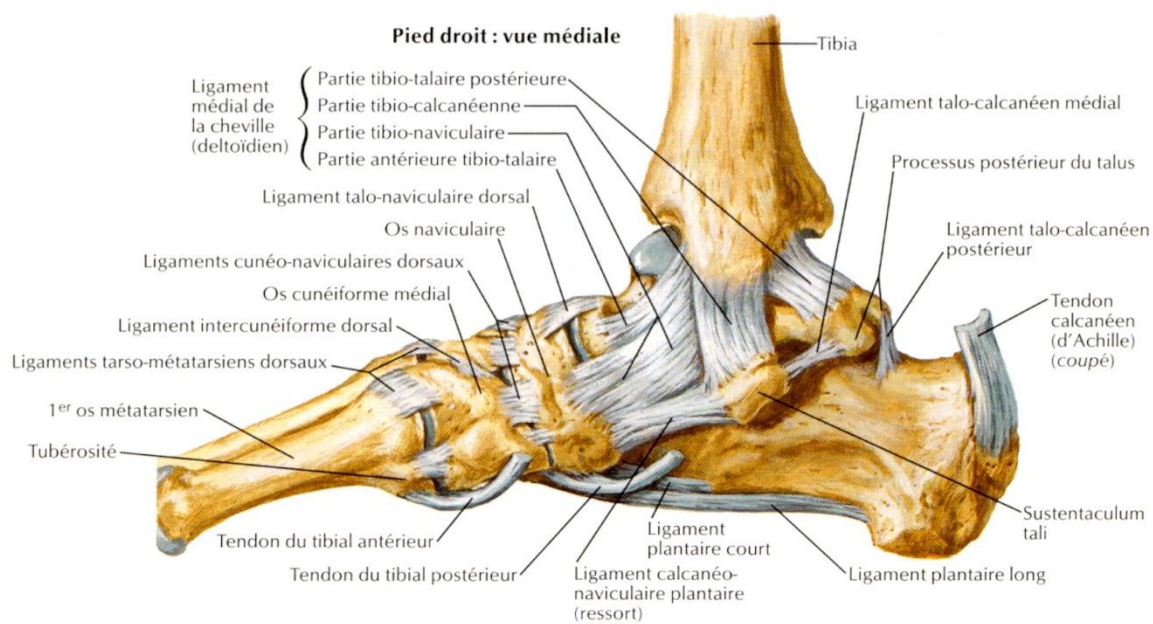
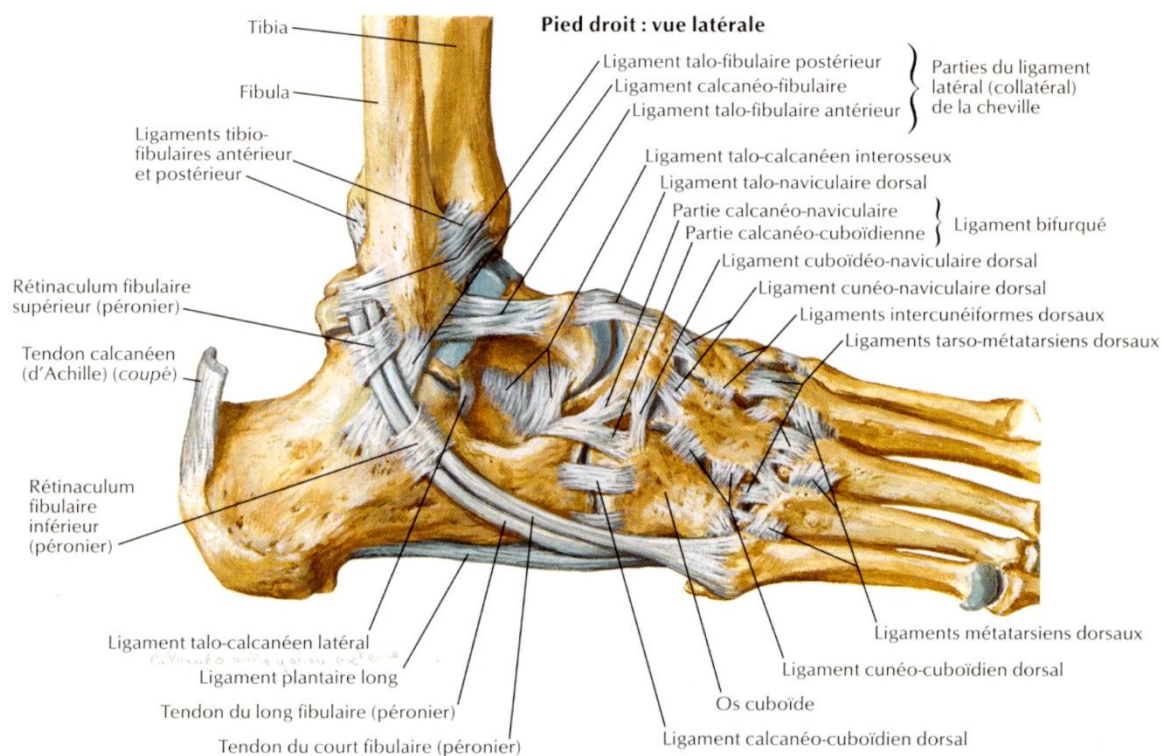


## Vue médiale

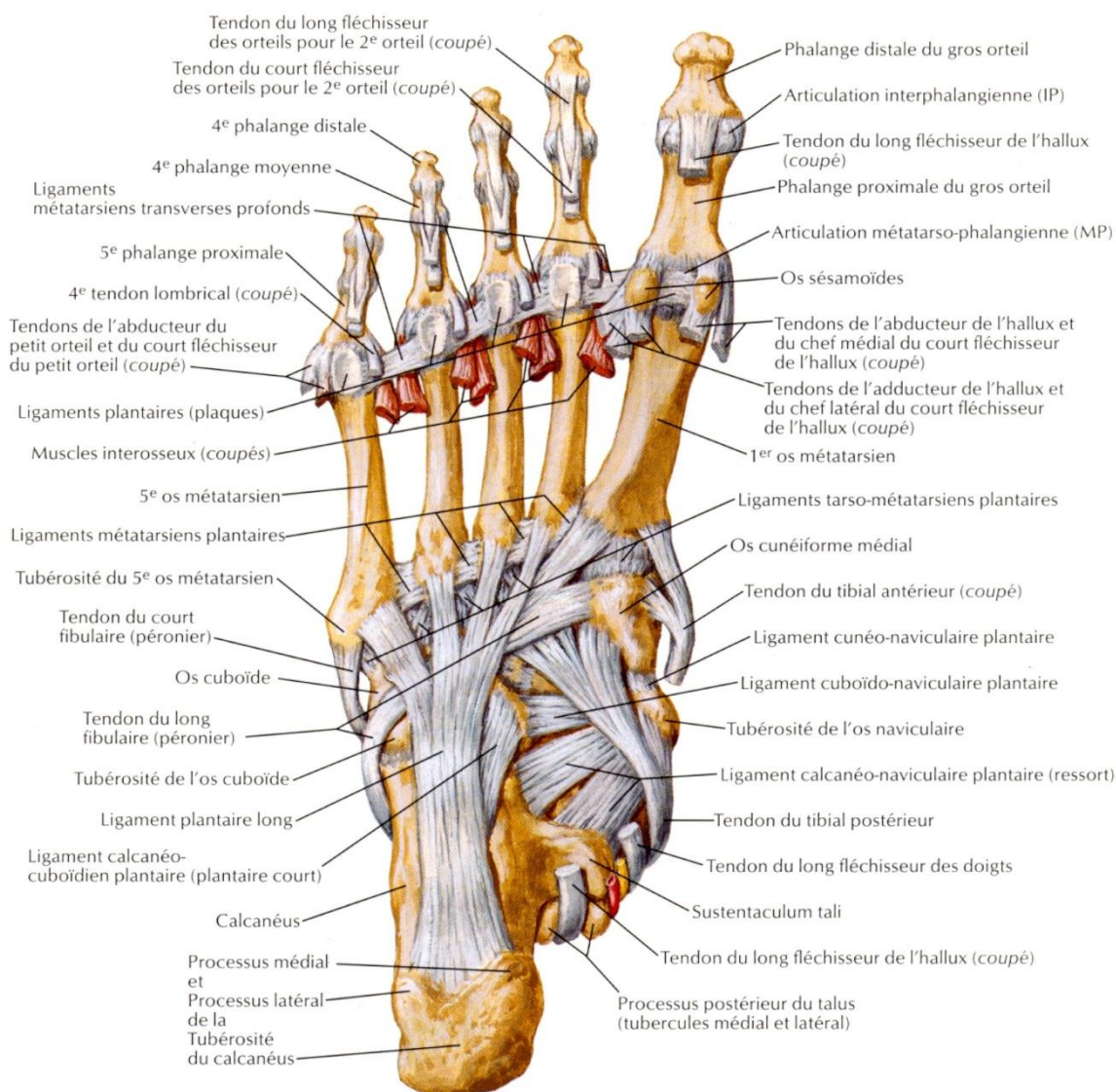




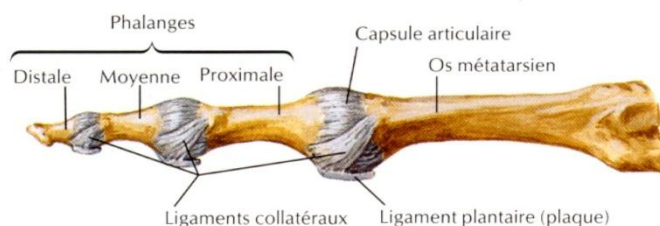
**Pied droit****Vue latérale****Vue supérieure****Vue médiale****Vue postérieure****Vue postérieure avec les ligaments****Rapports fonctionnels du calcaneus**

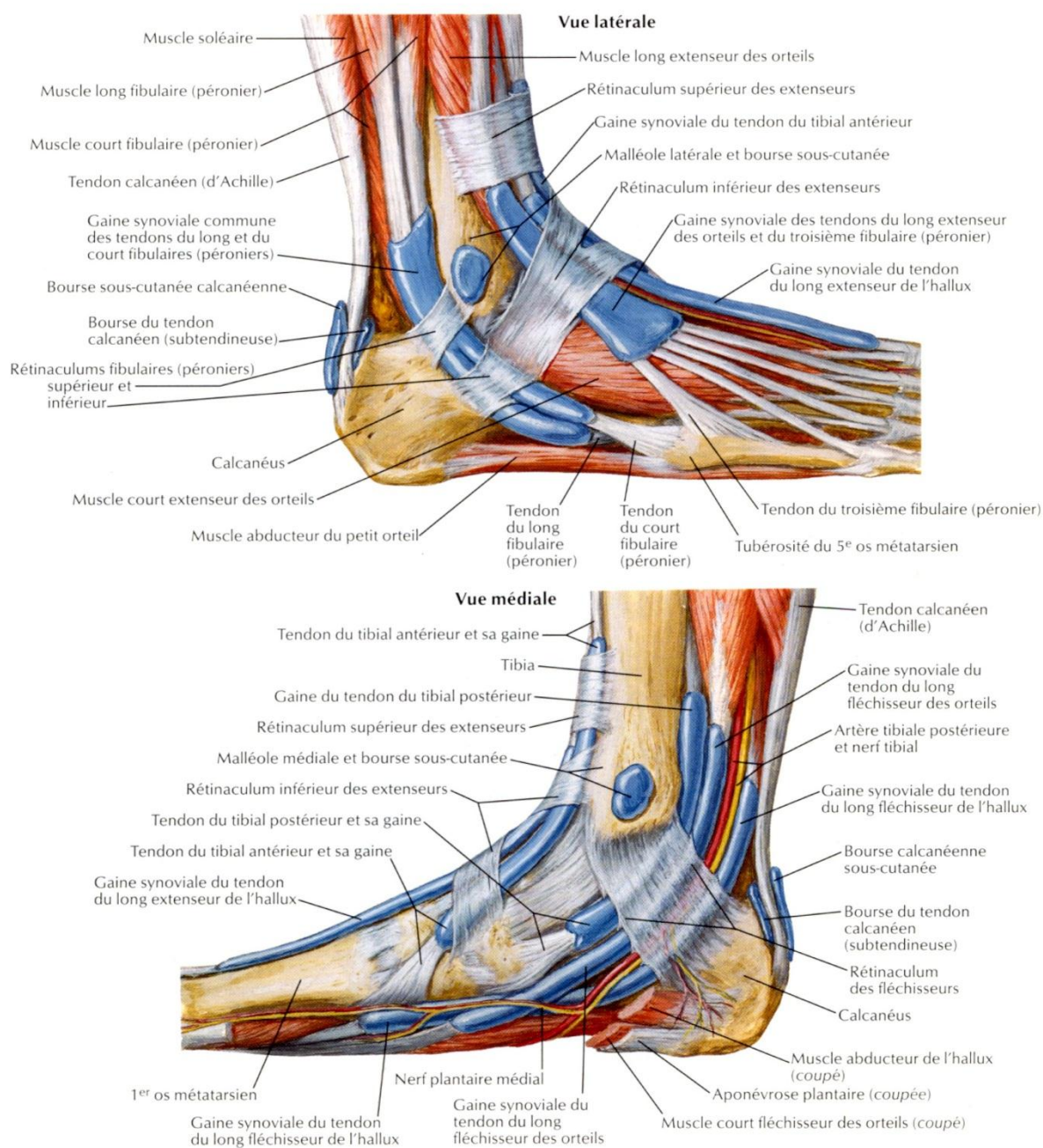




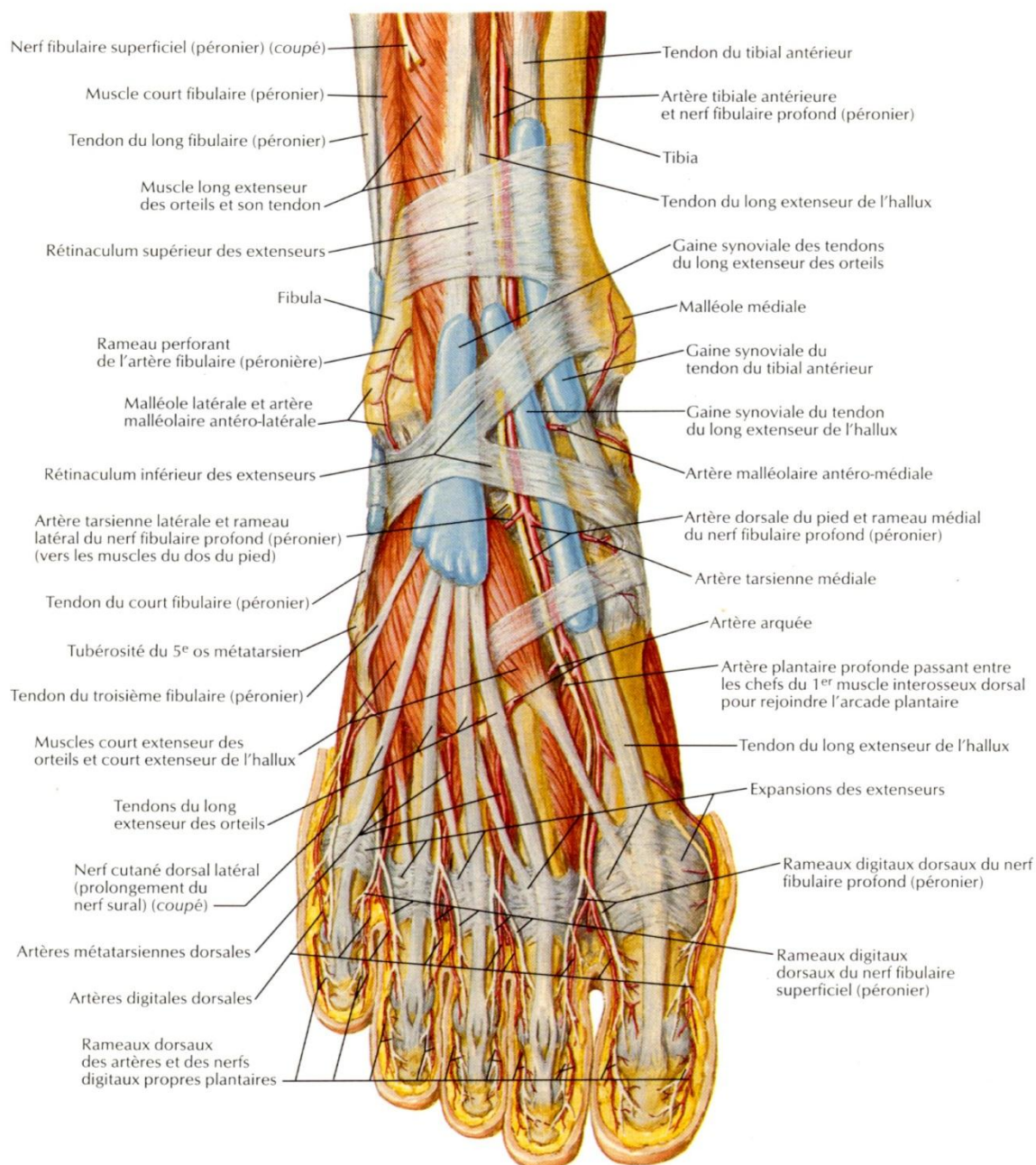


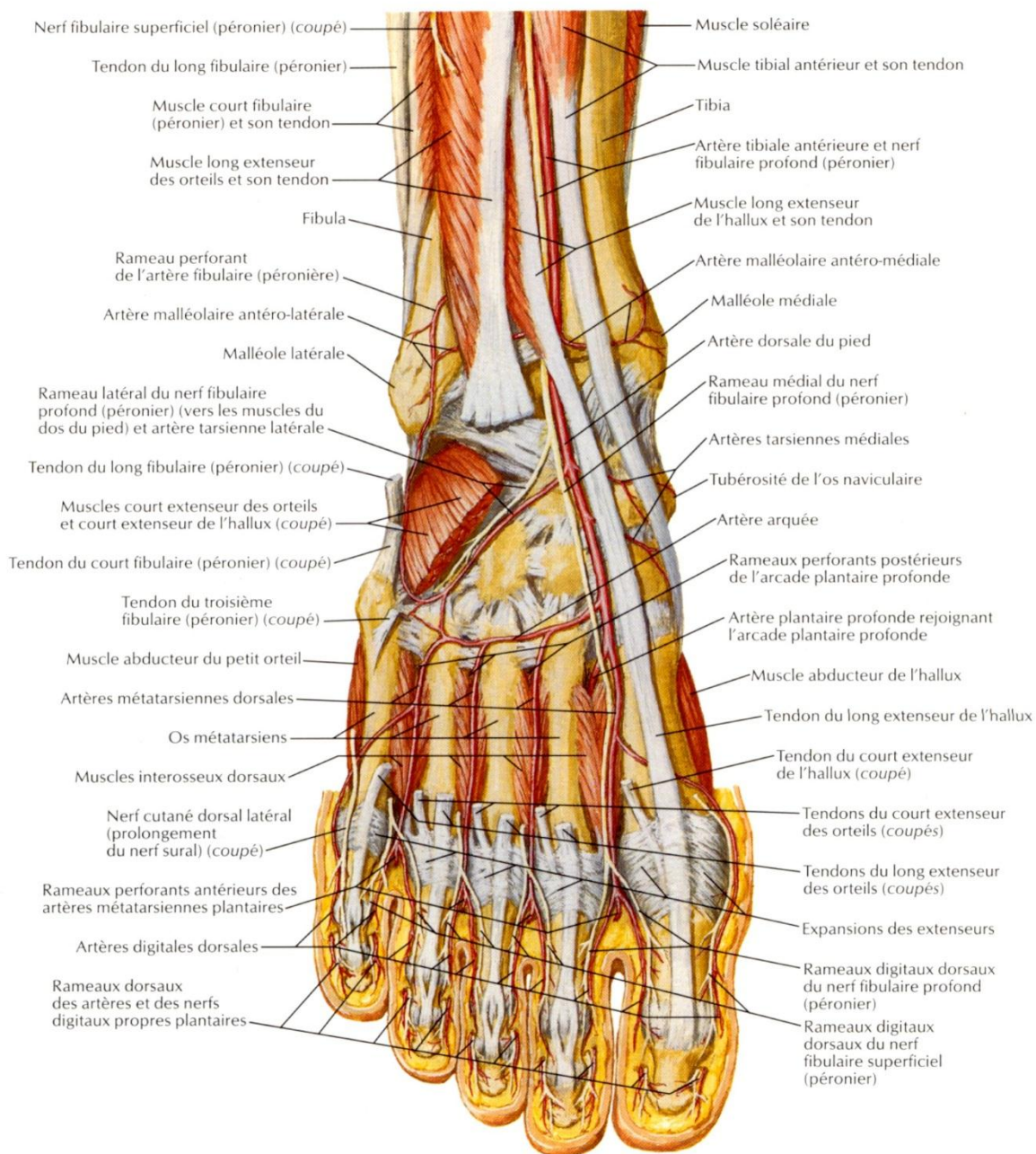
**Capsules et ligaments des articulations métatarso-phalangienne et interphalangienne : vue latérale**



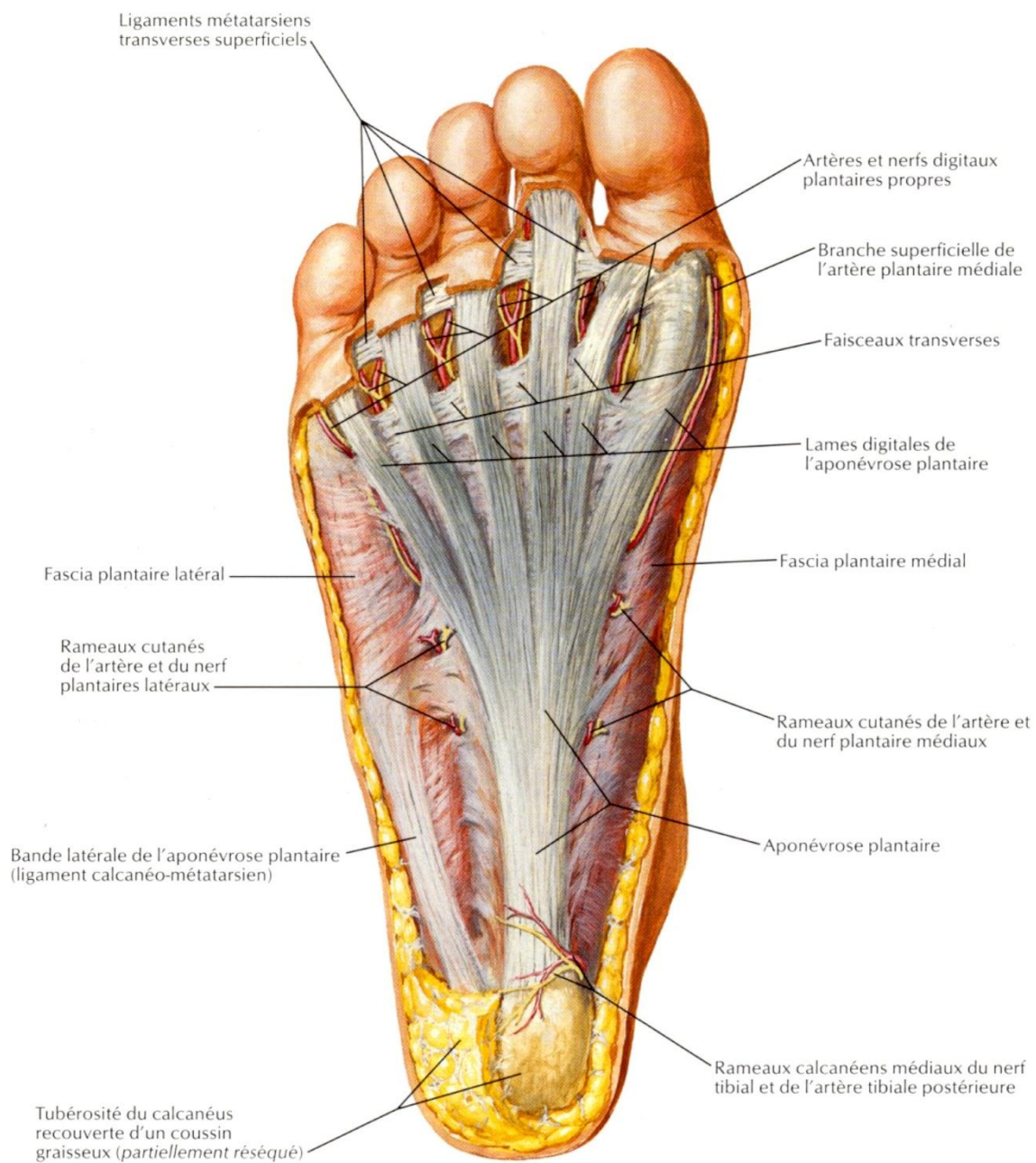


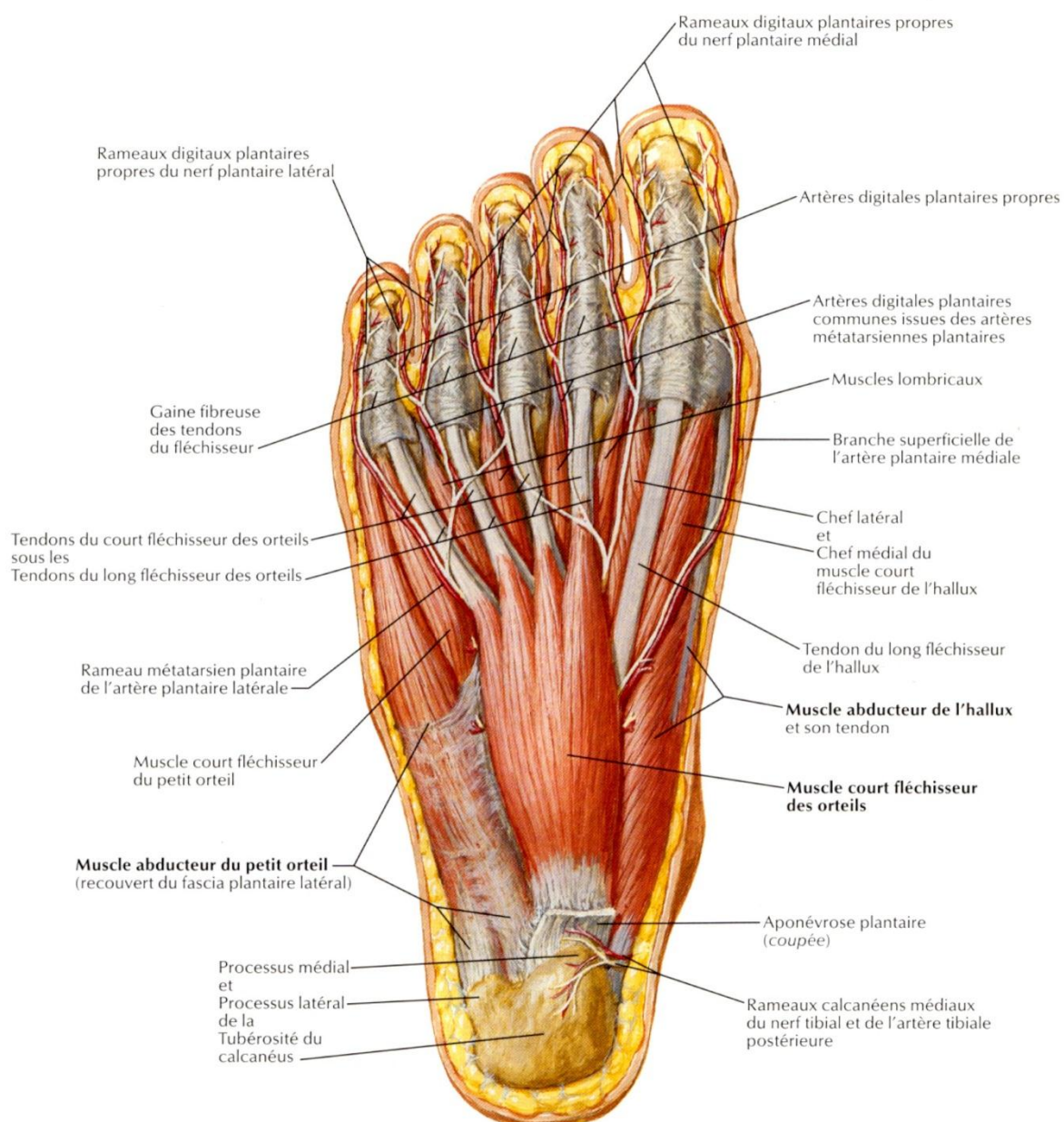




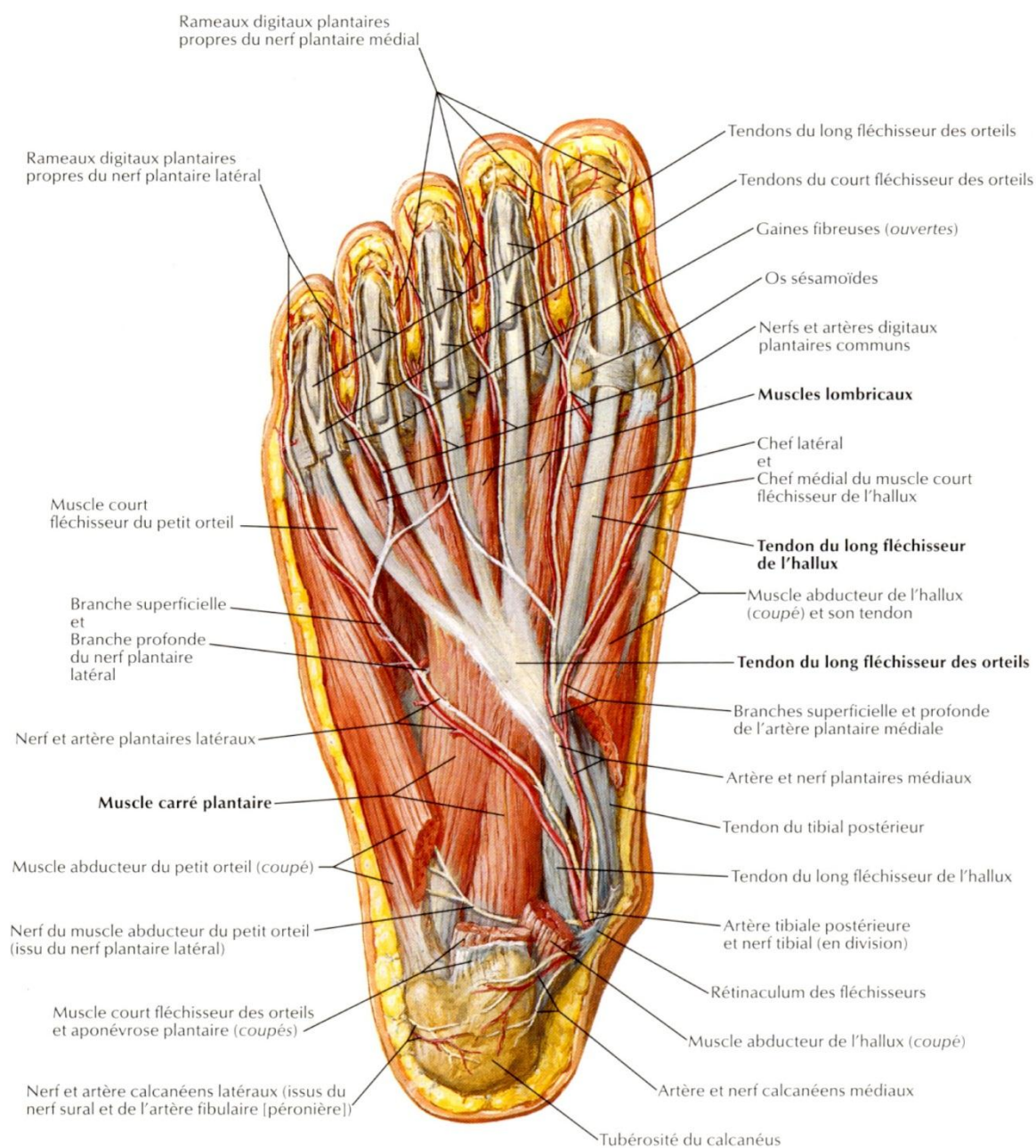


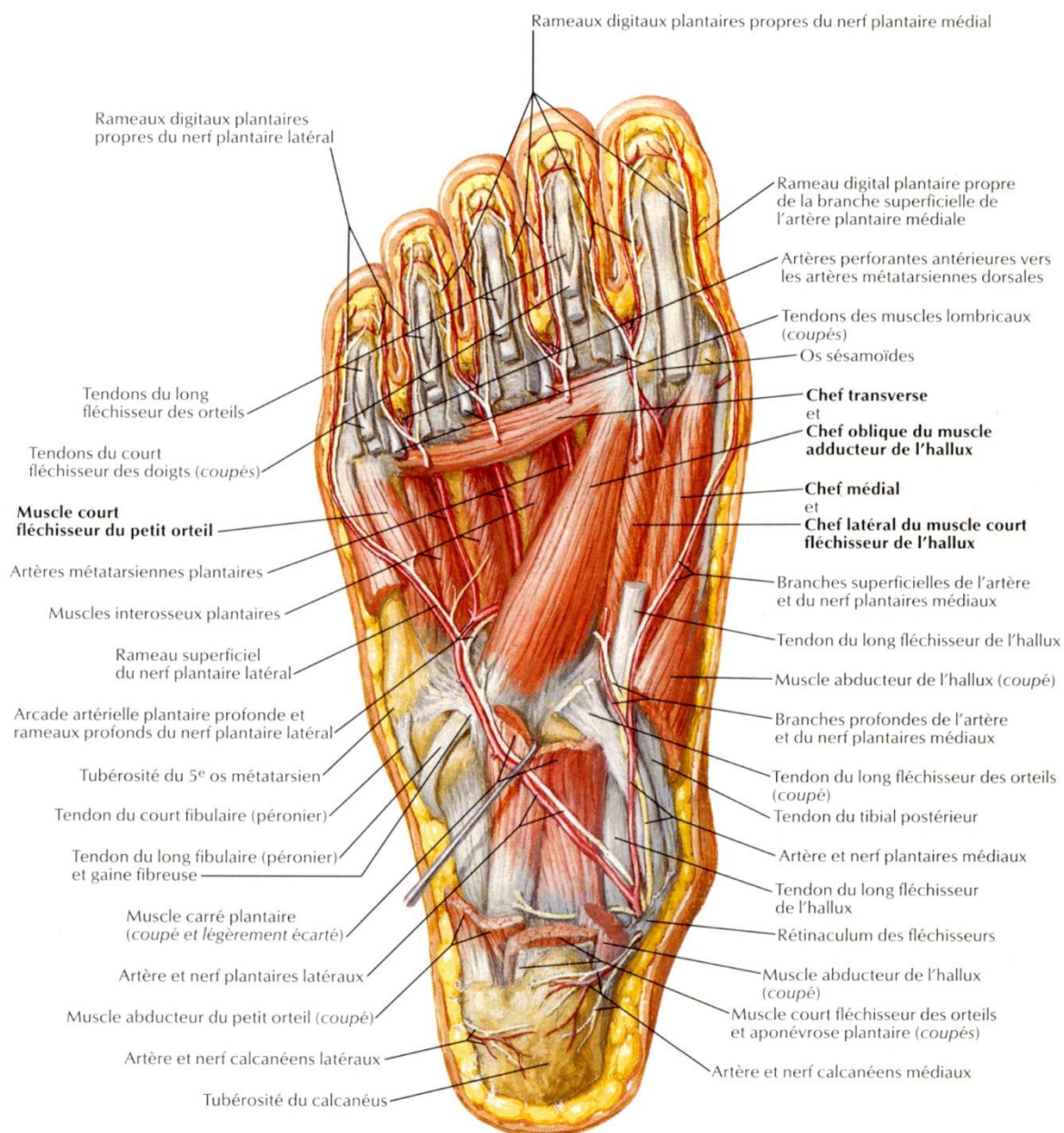




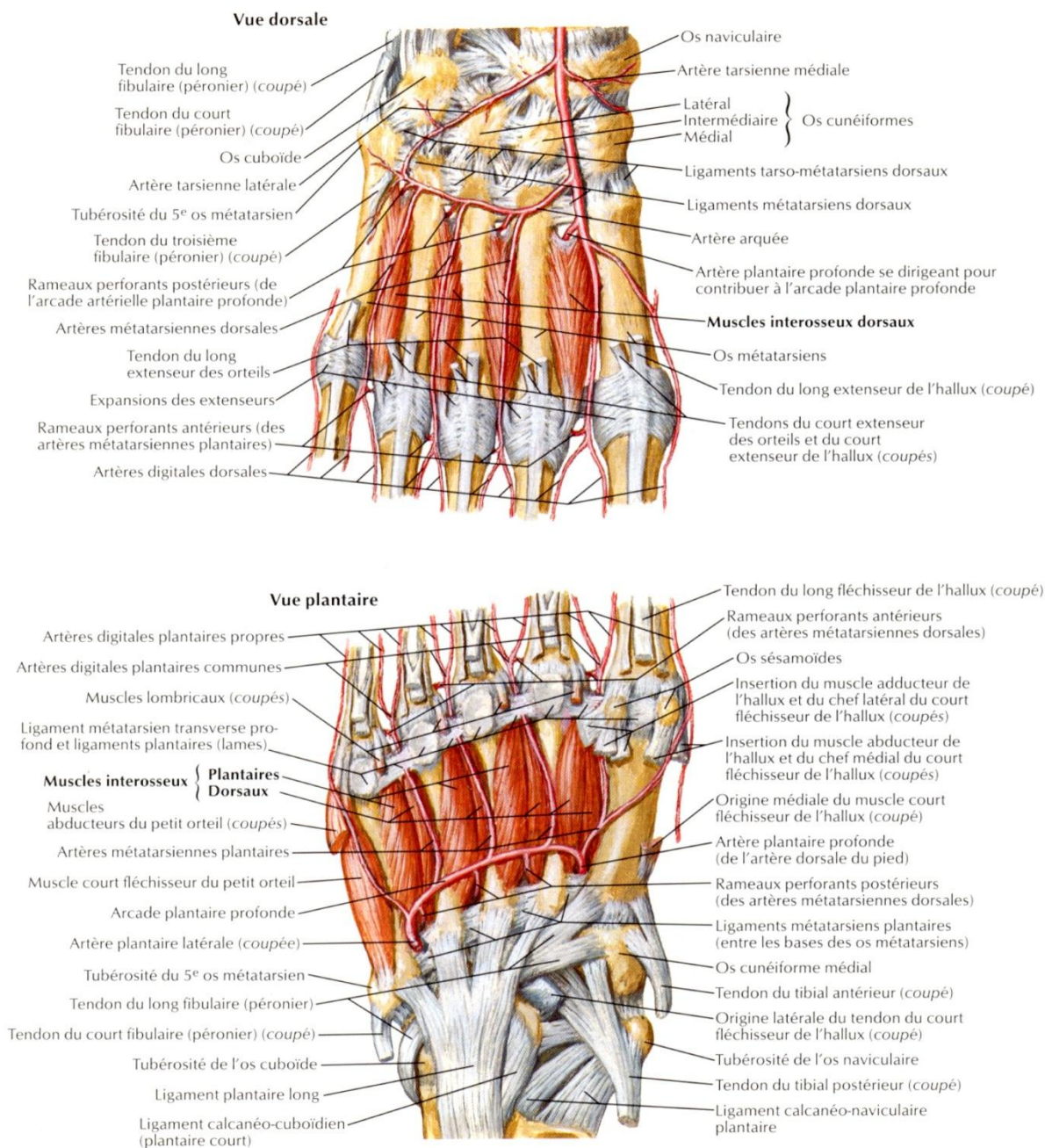


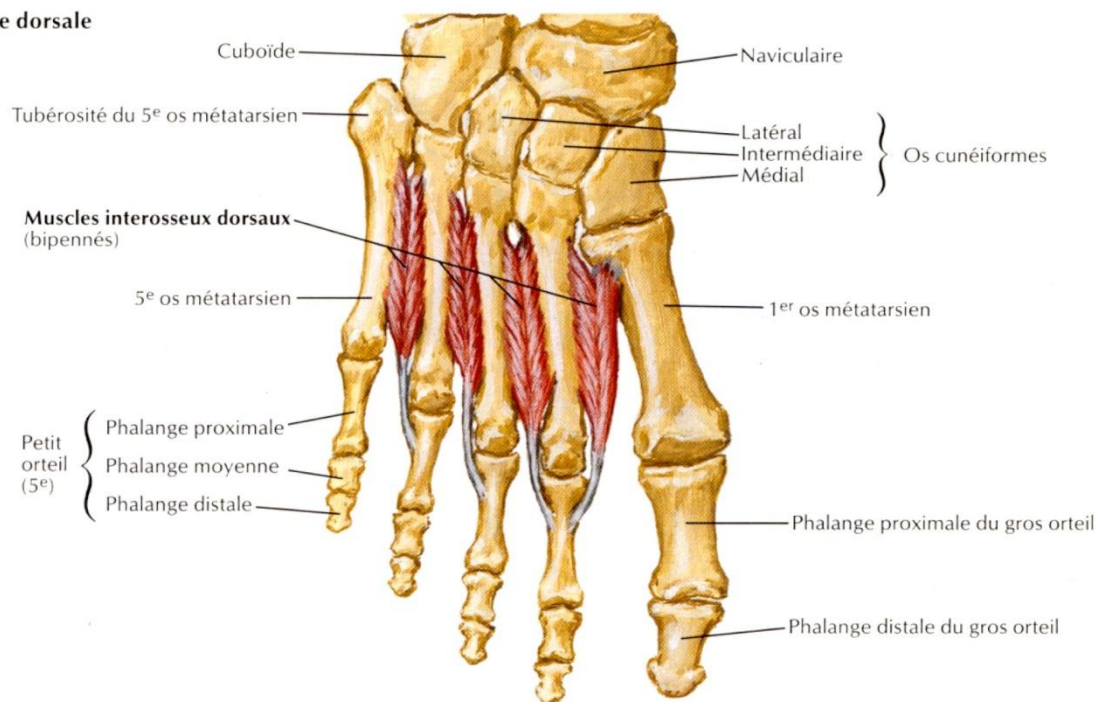
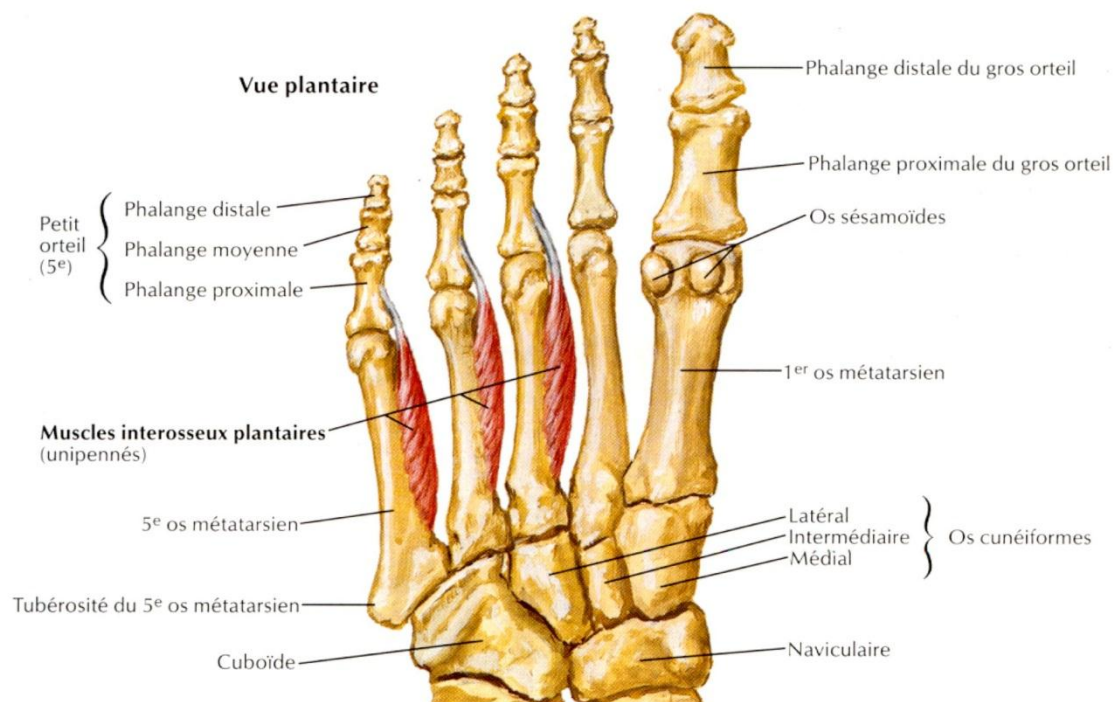






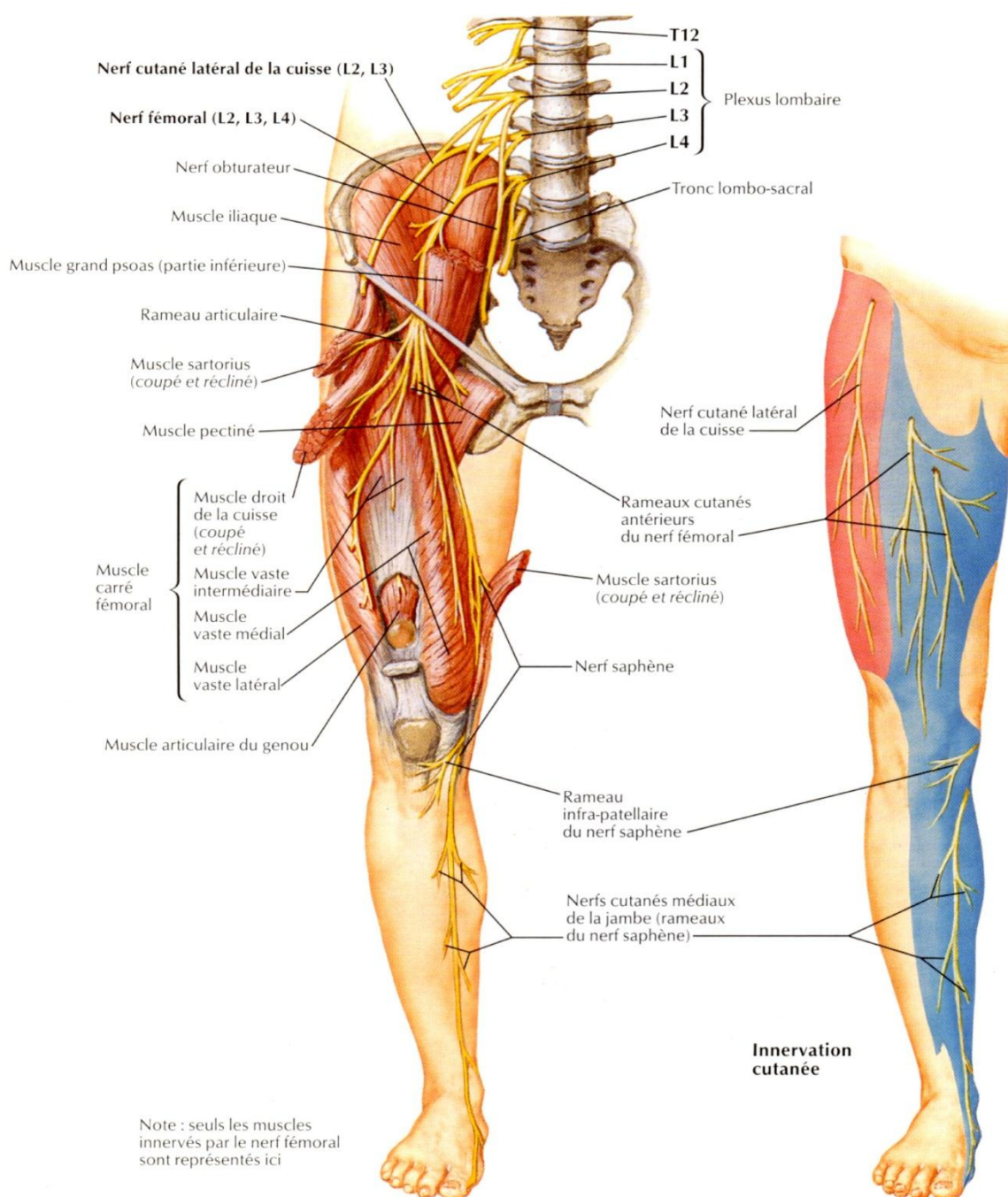


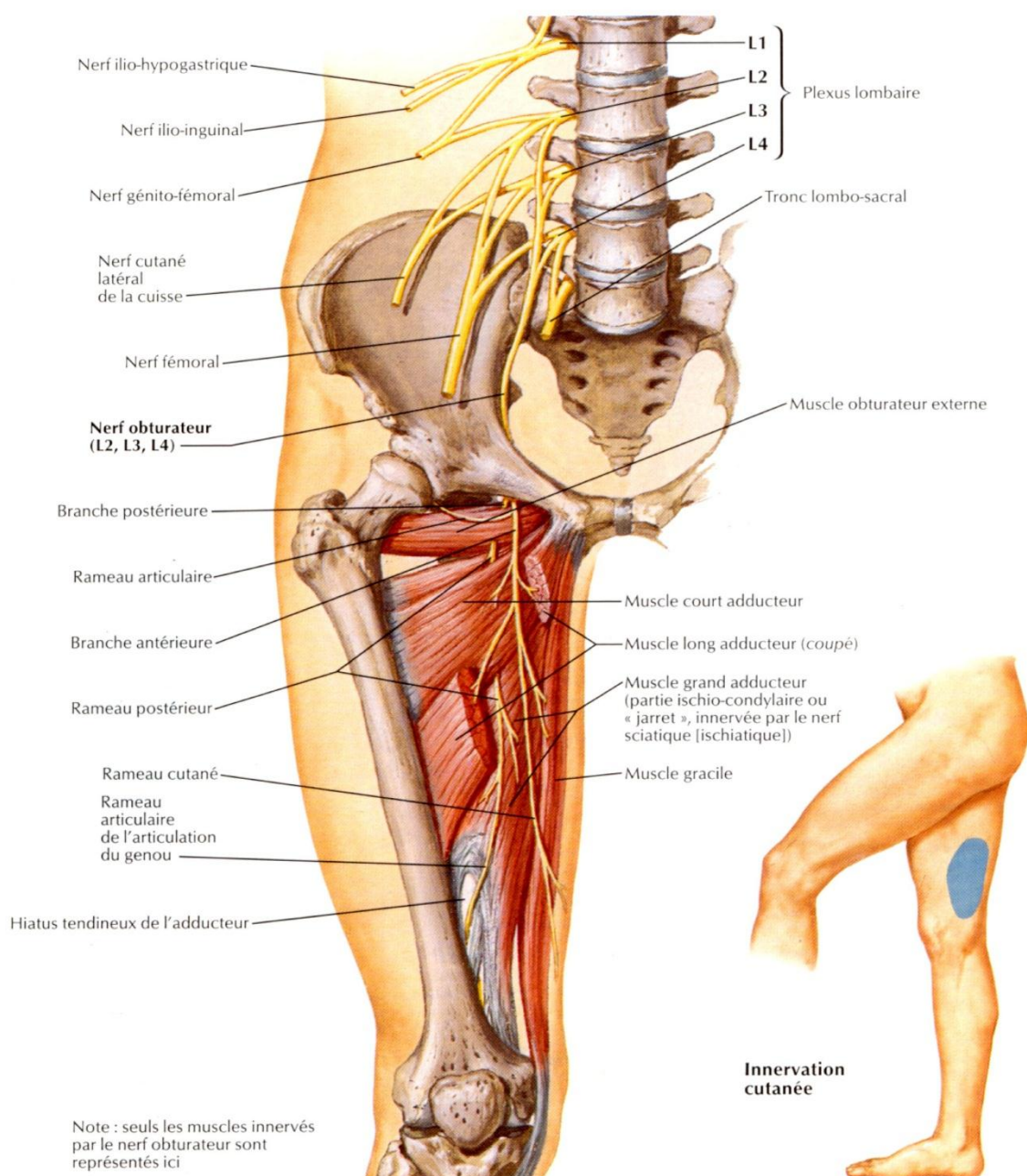


**Vue dorsale****Vue plantaire**

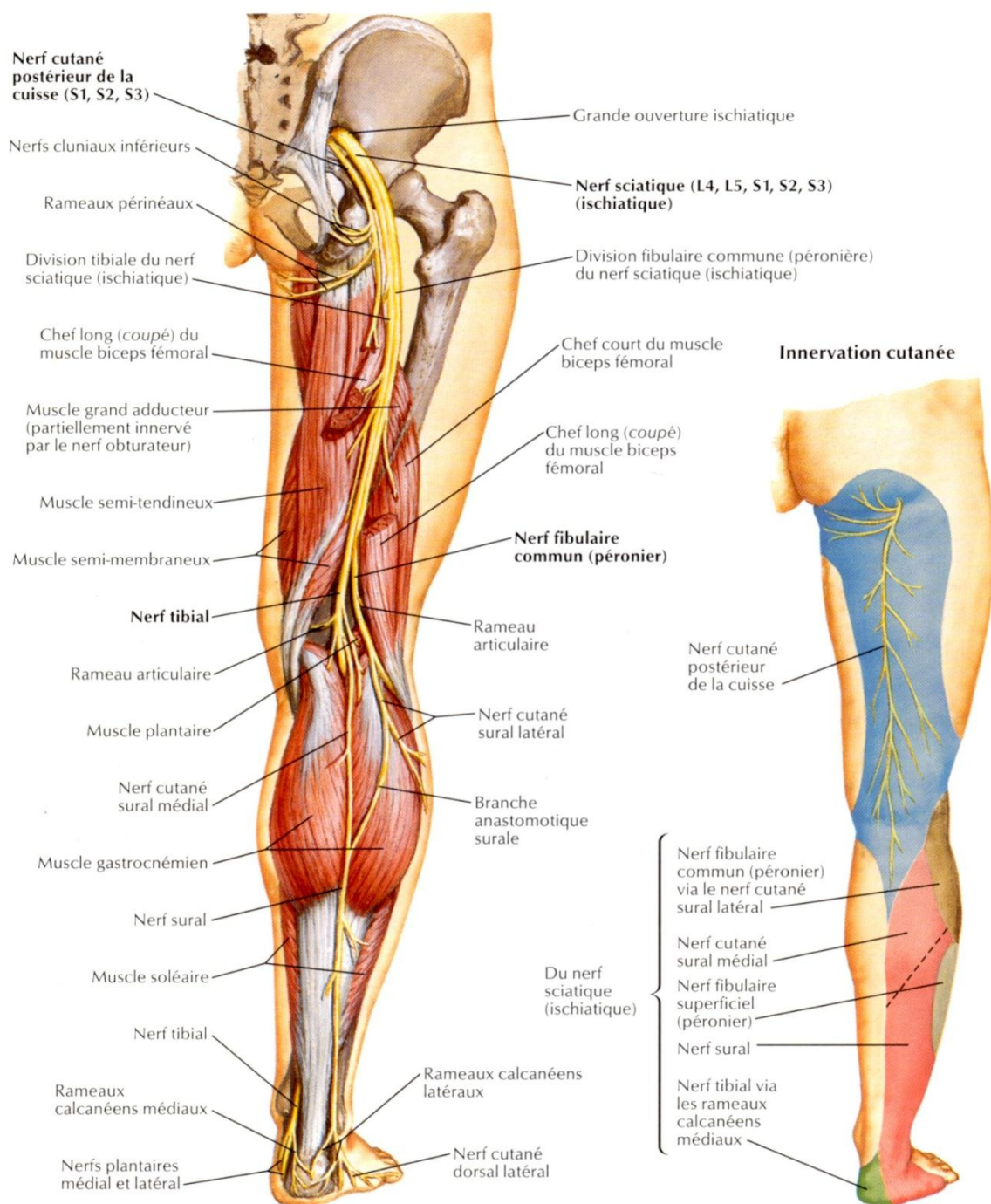


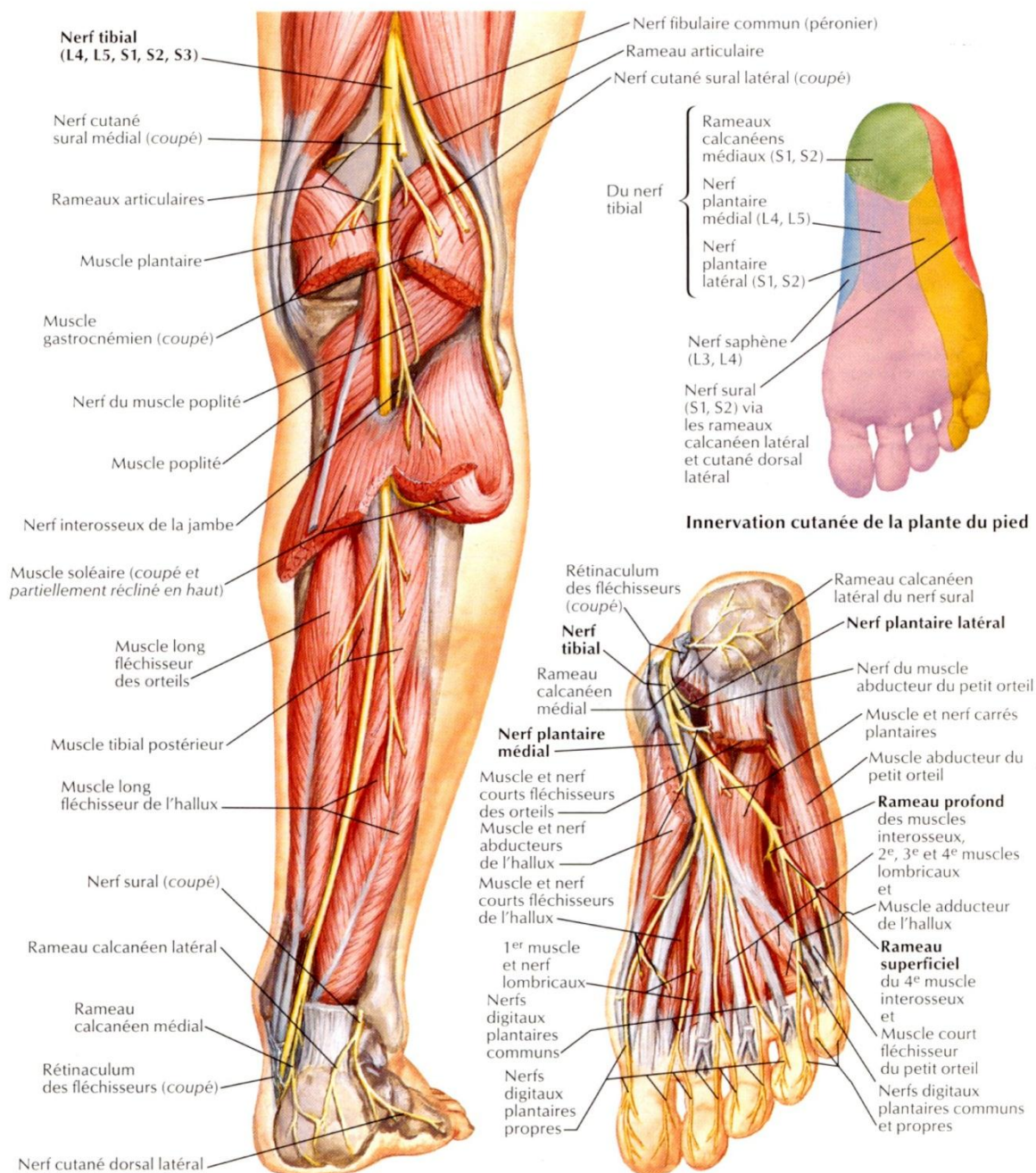
## e. Innervation et vascularisation





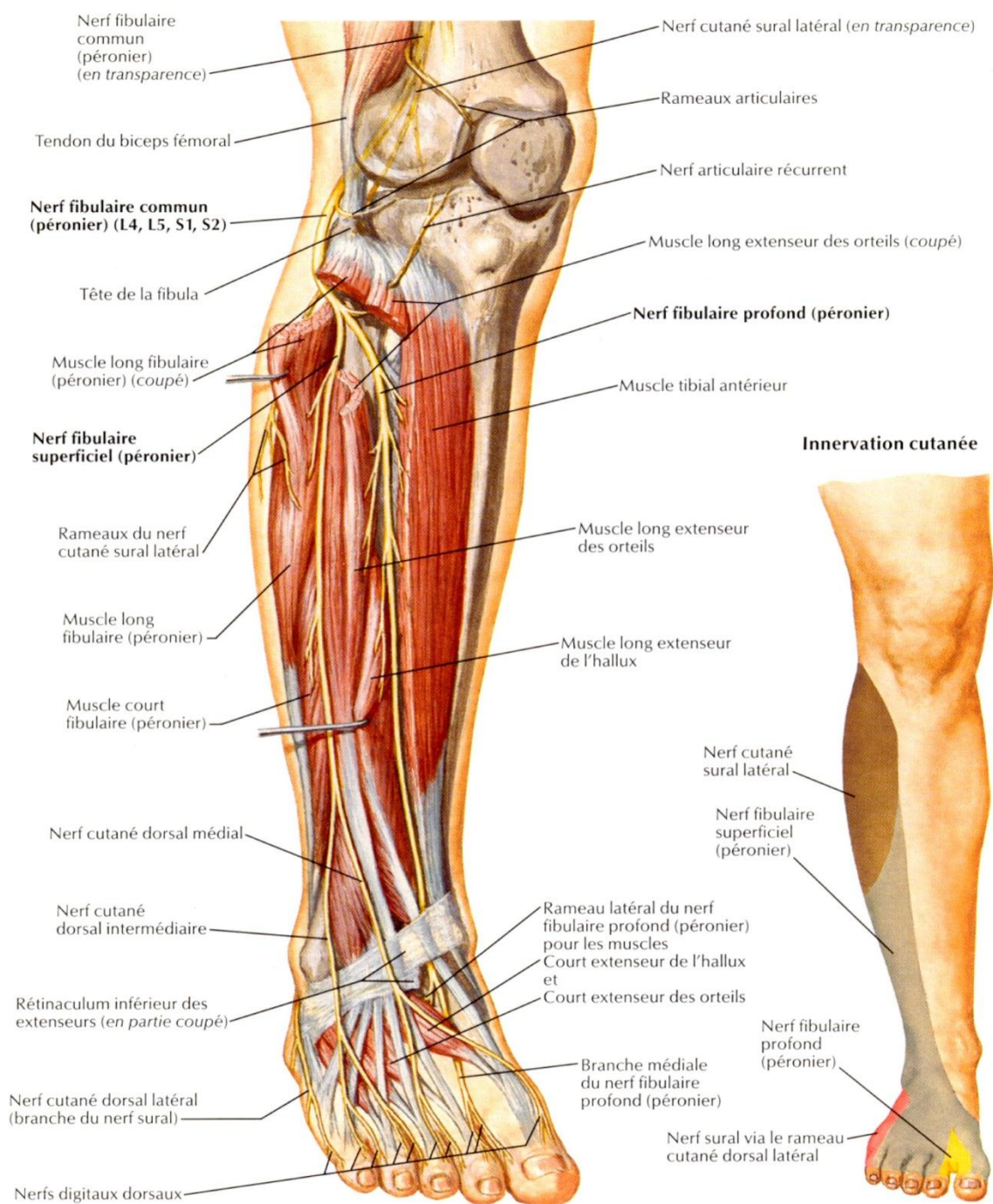


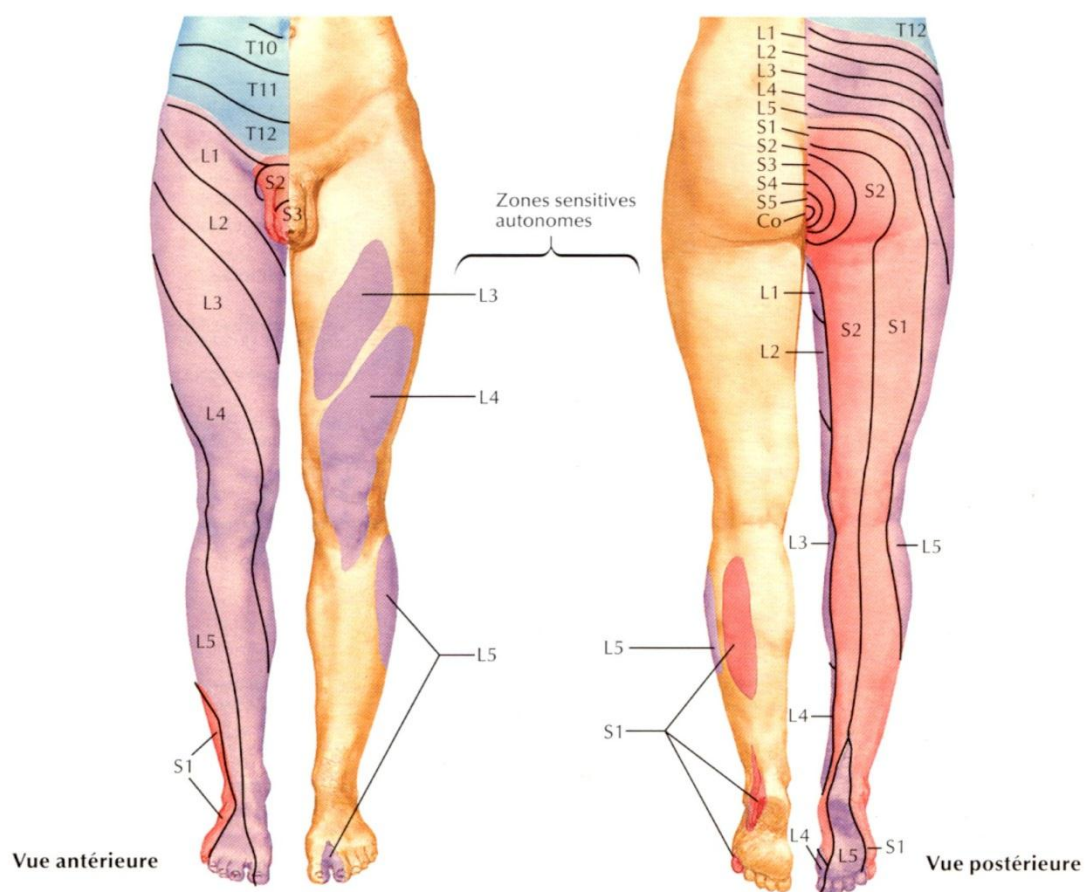




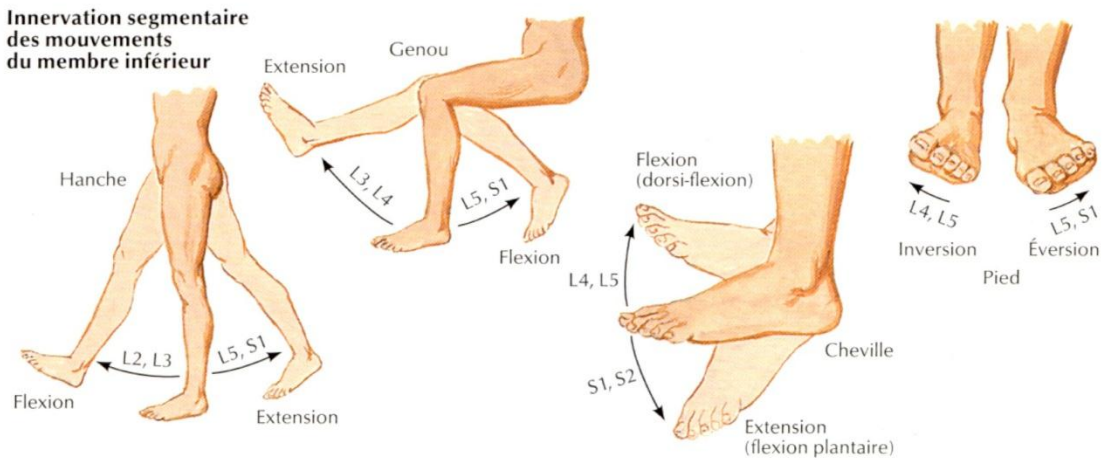
Note : les rameaux articulaires ne sont pas représentés ici



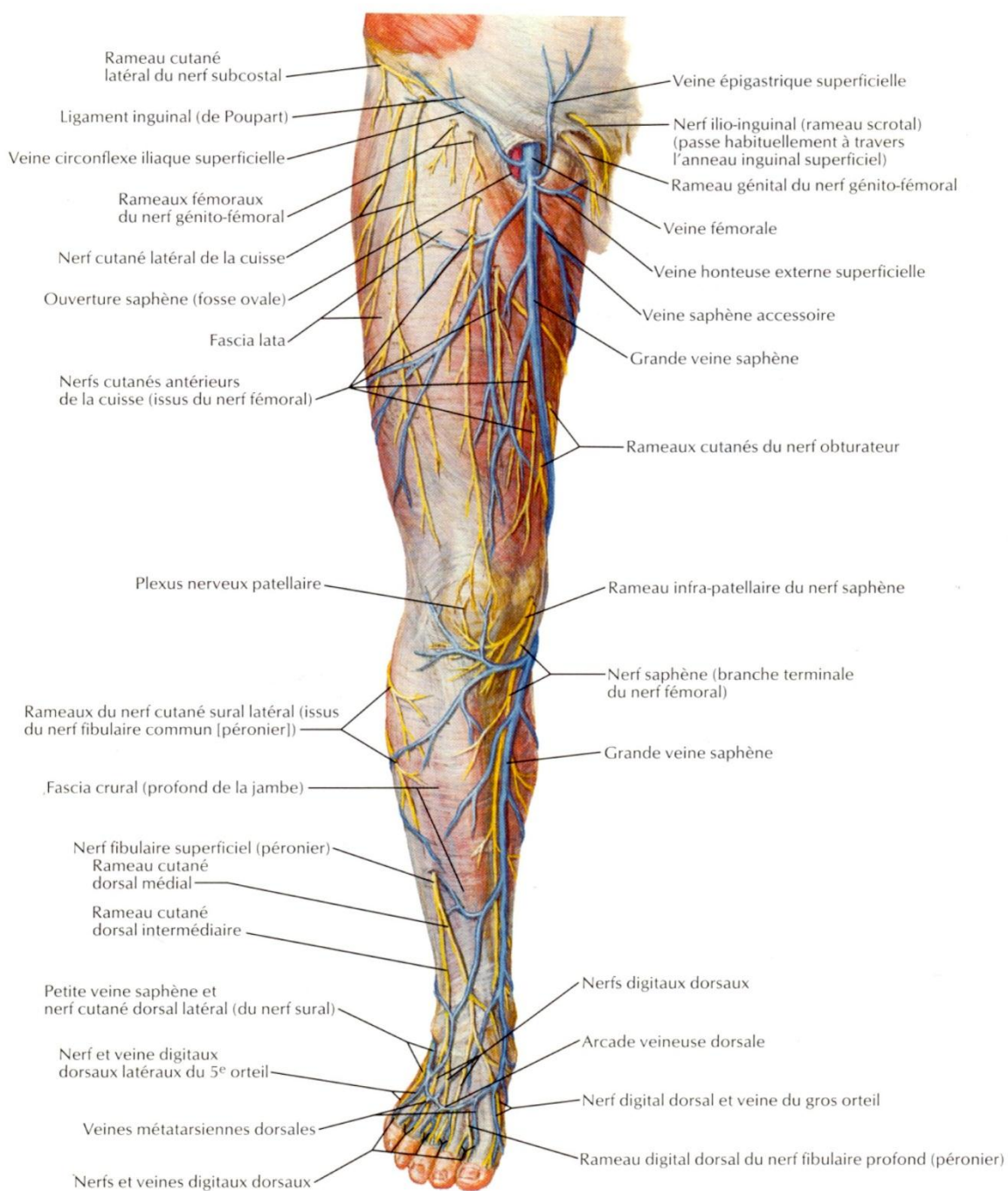


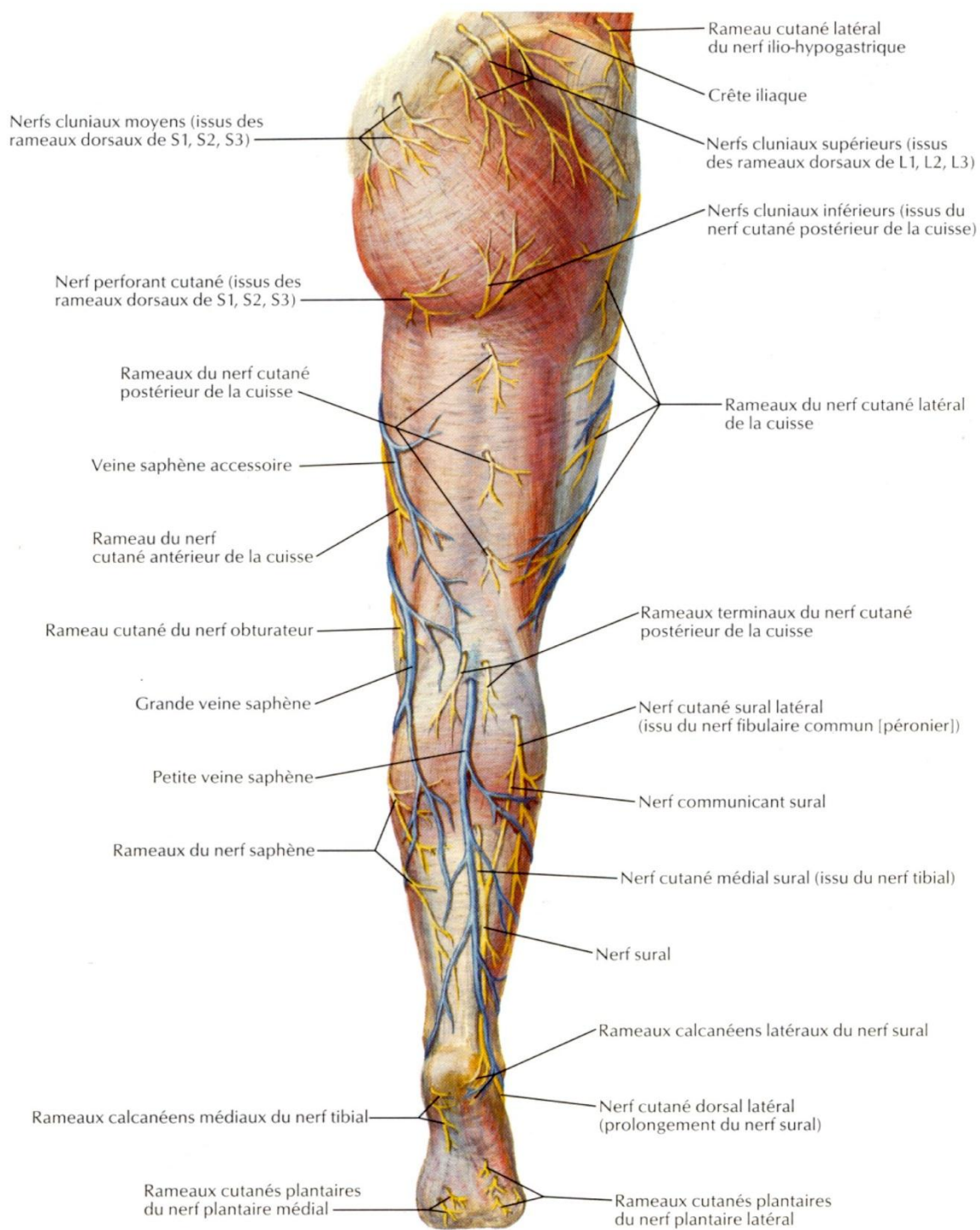


### Innervation segmentaire des mouvements du membre inférieur

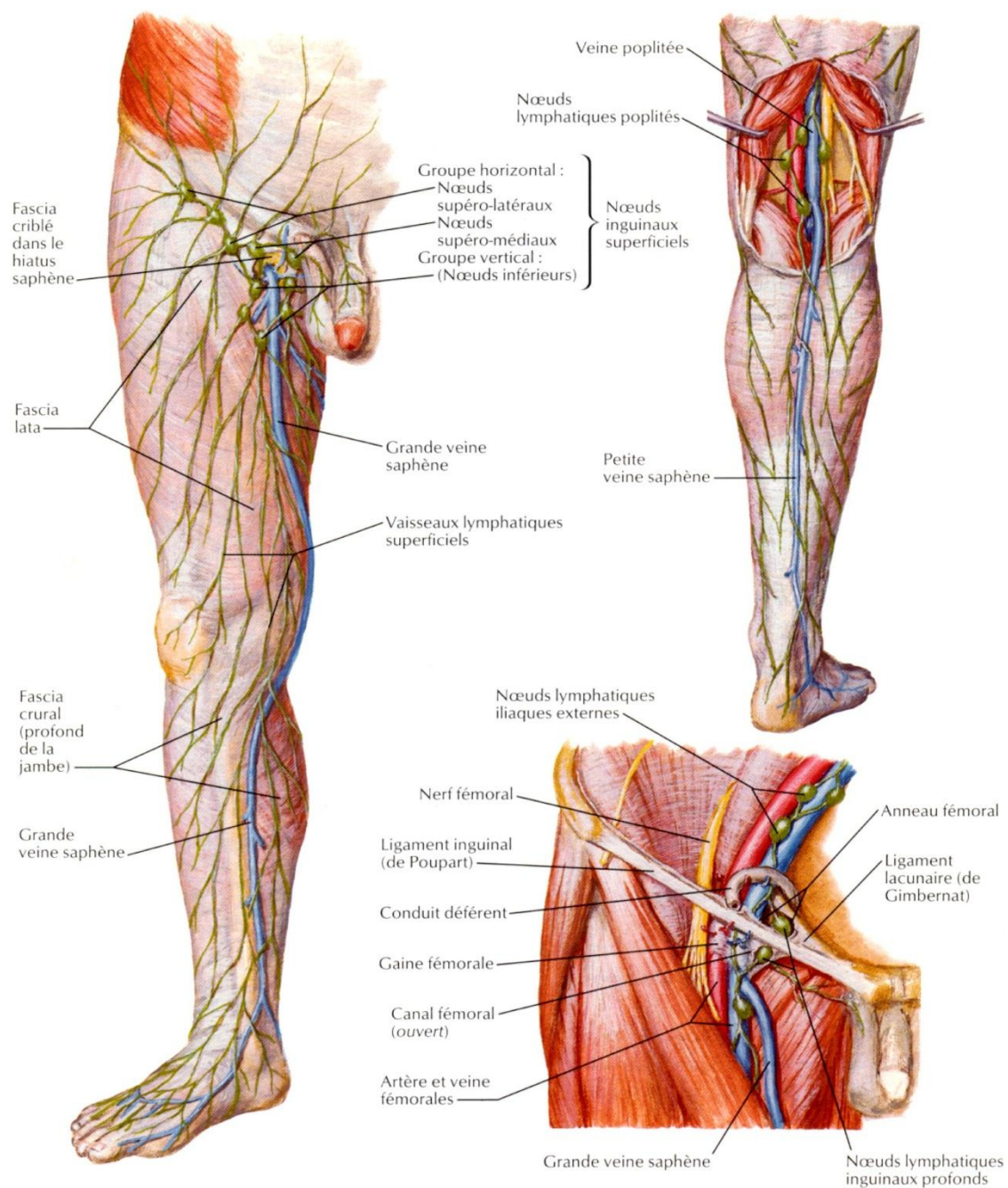








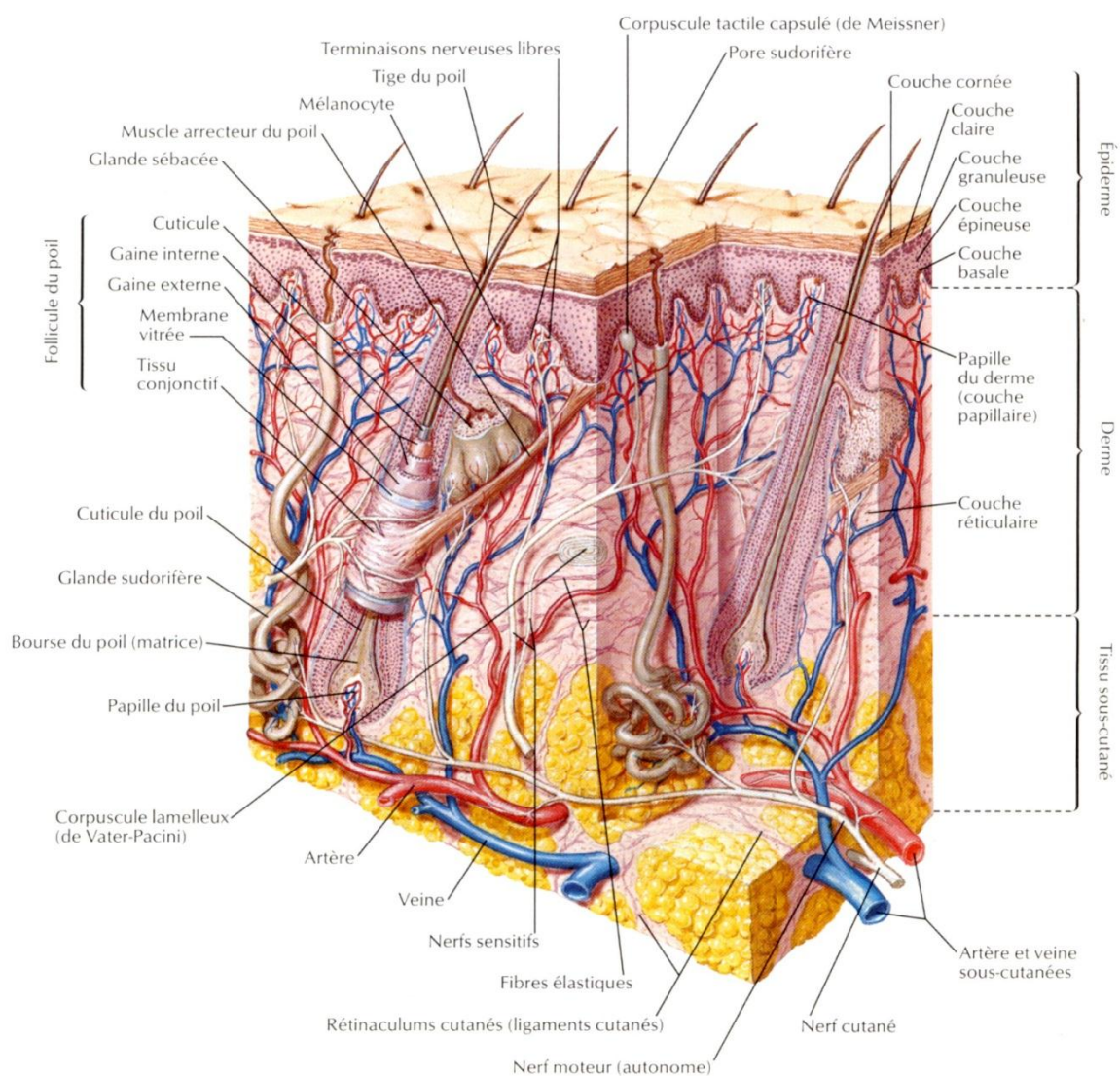




## **Section 8 – Coupe transversale**

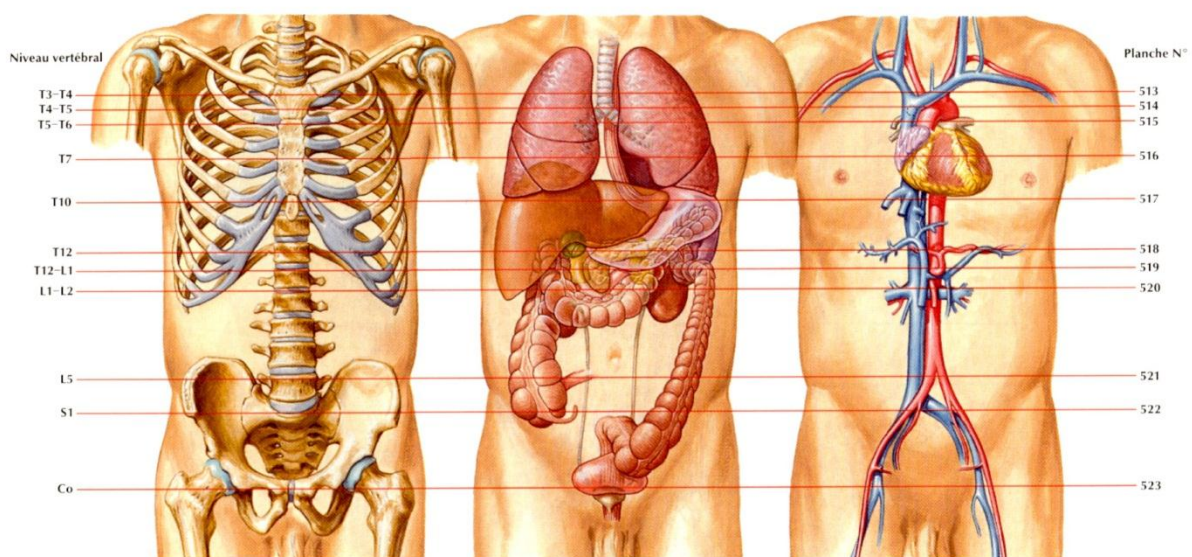


## a. Peau



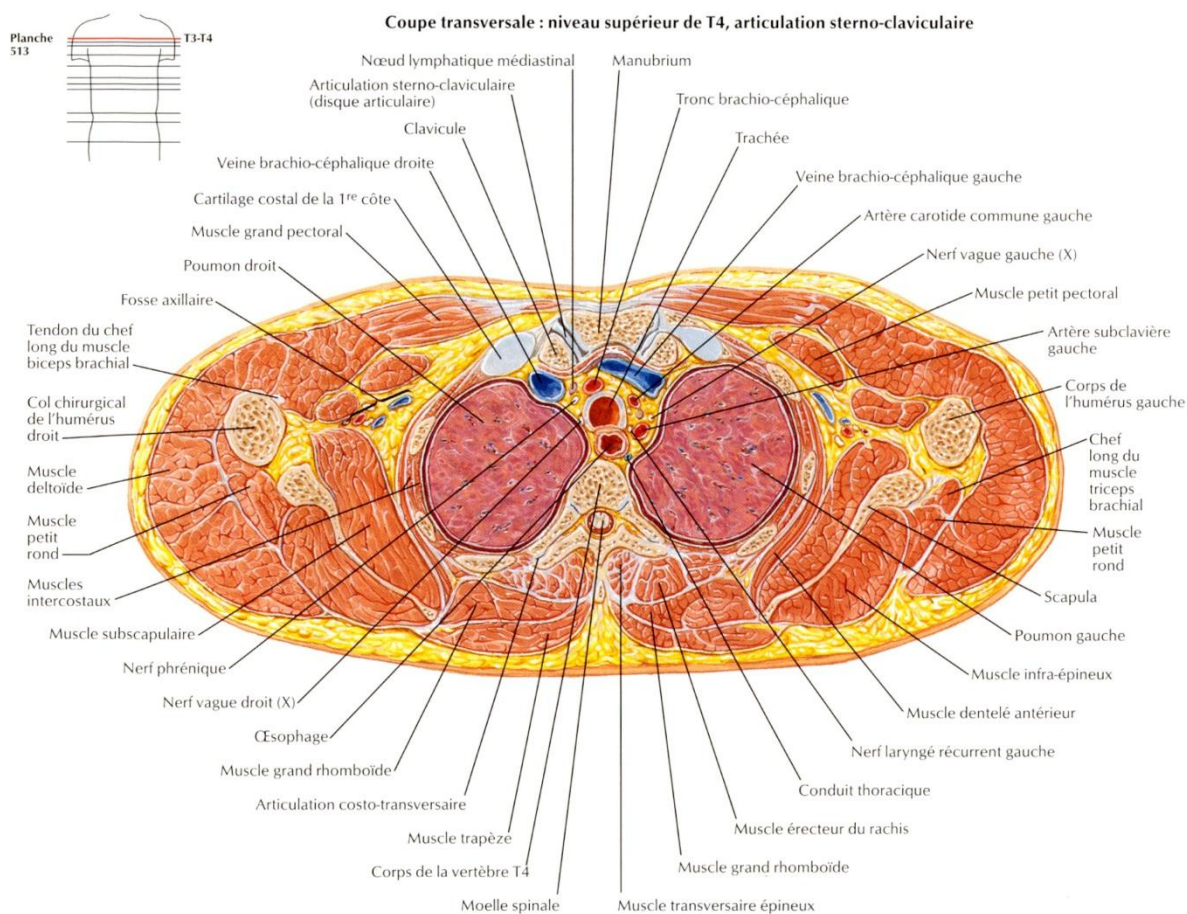
## b. Vue d'ensemble des coupes transversales

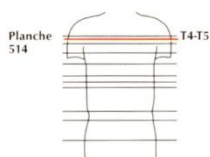
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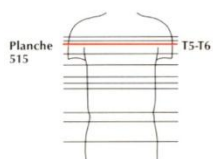
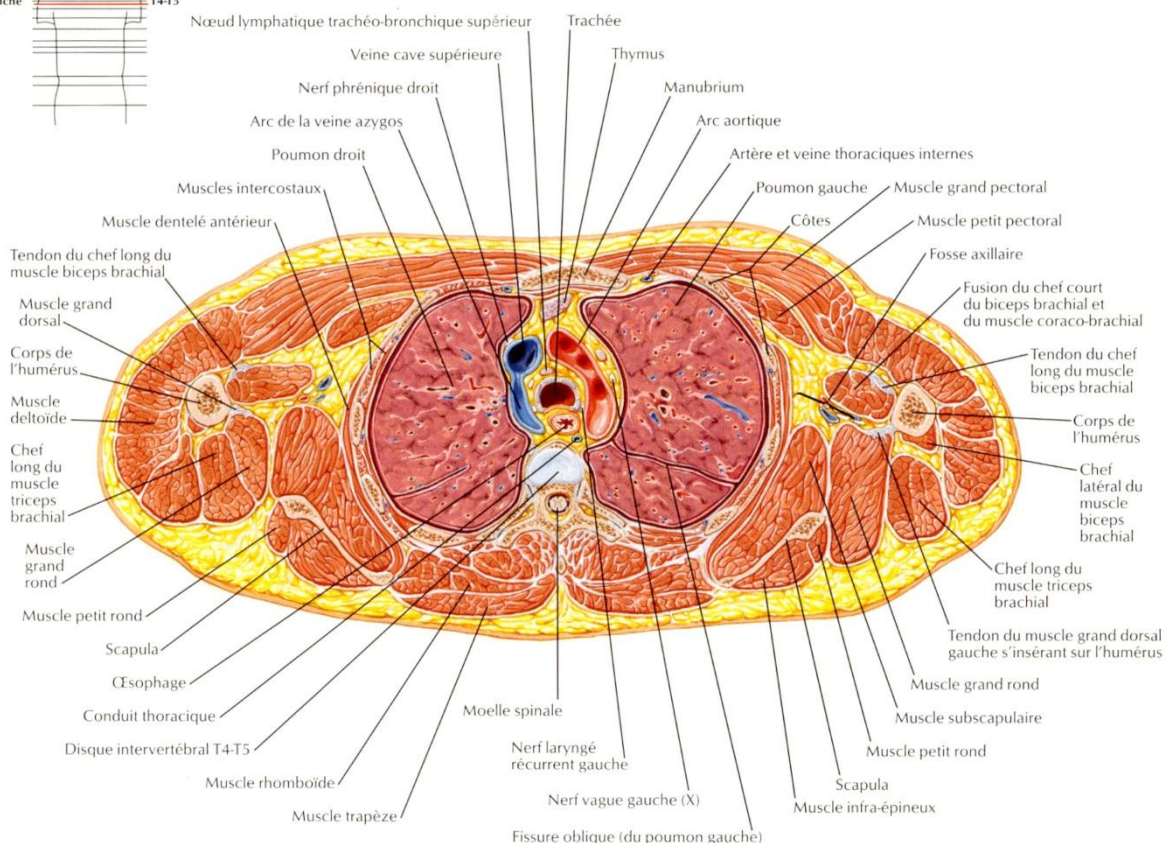


## c. Thorax

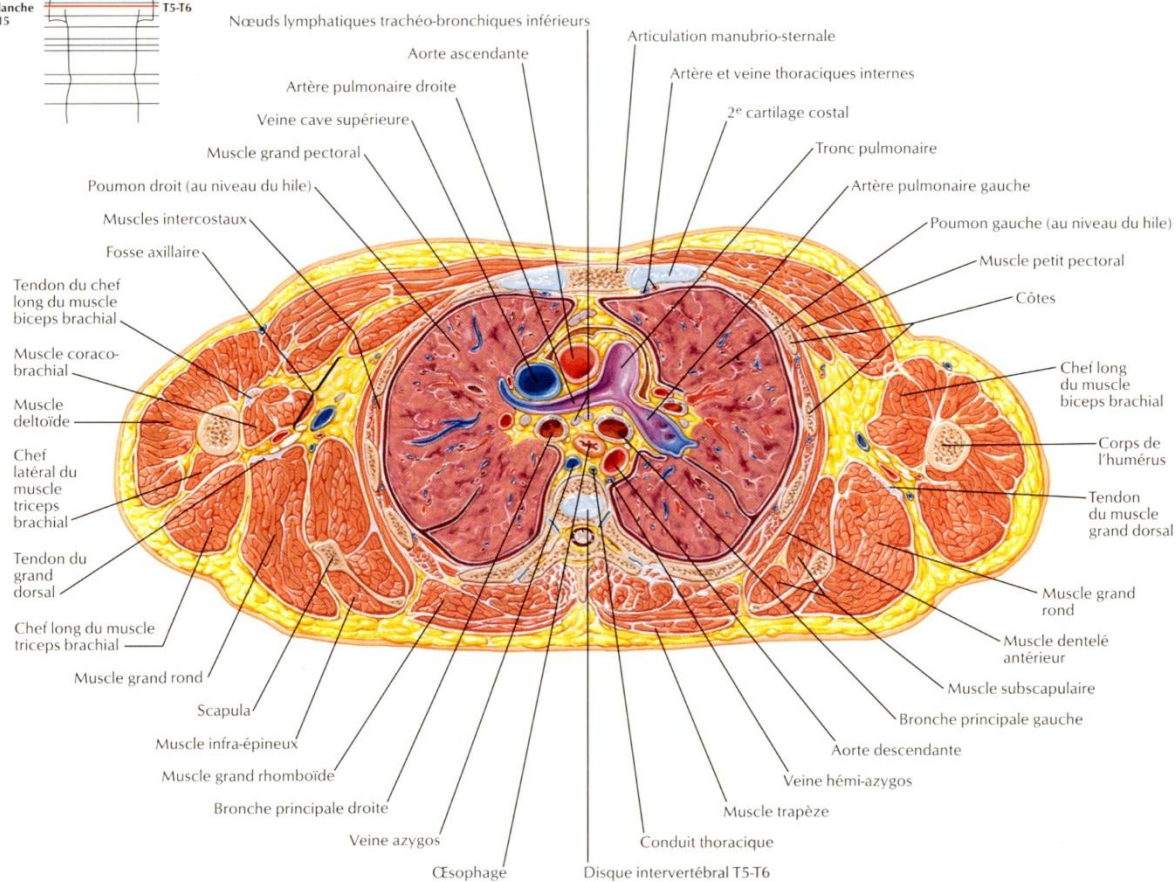




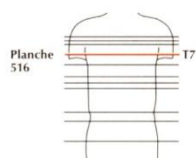
### Coupe transversale : disque intervertébral T4-T5, manubrium



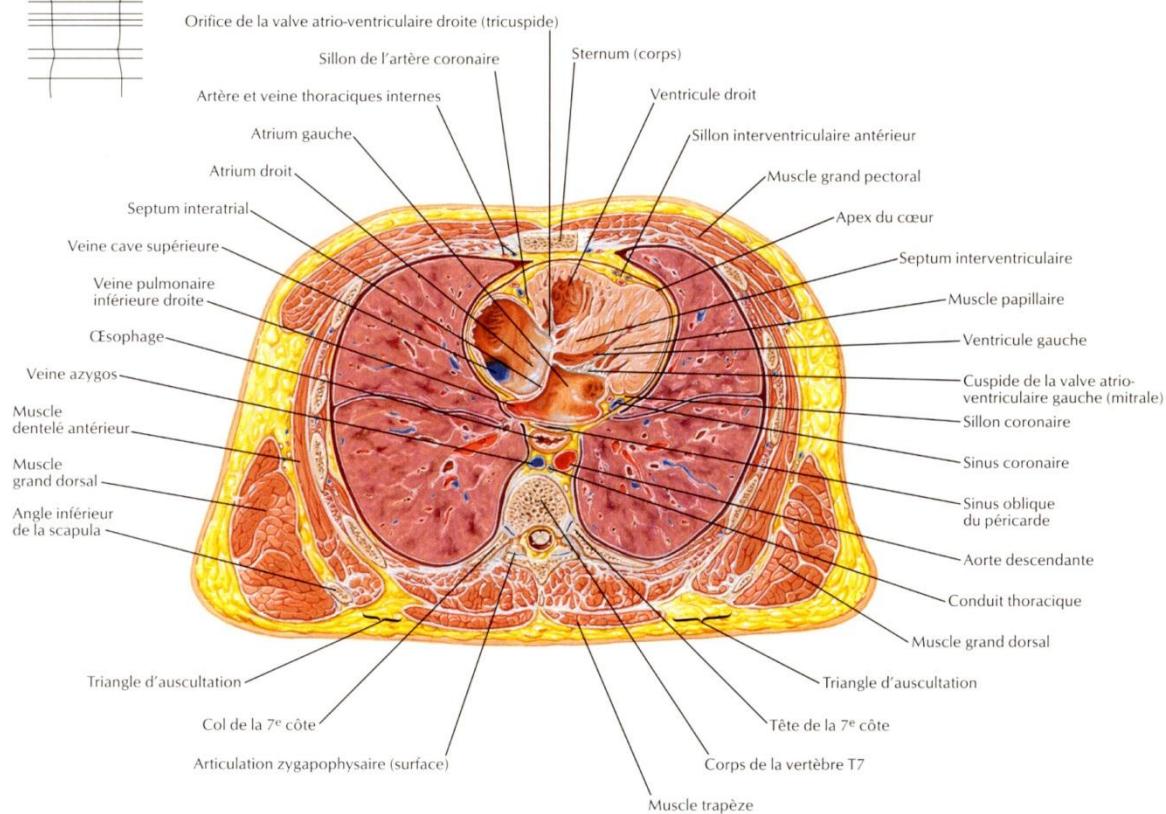
### Coupe transversale : disque intervertébral T5-T6, angle sternal



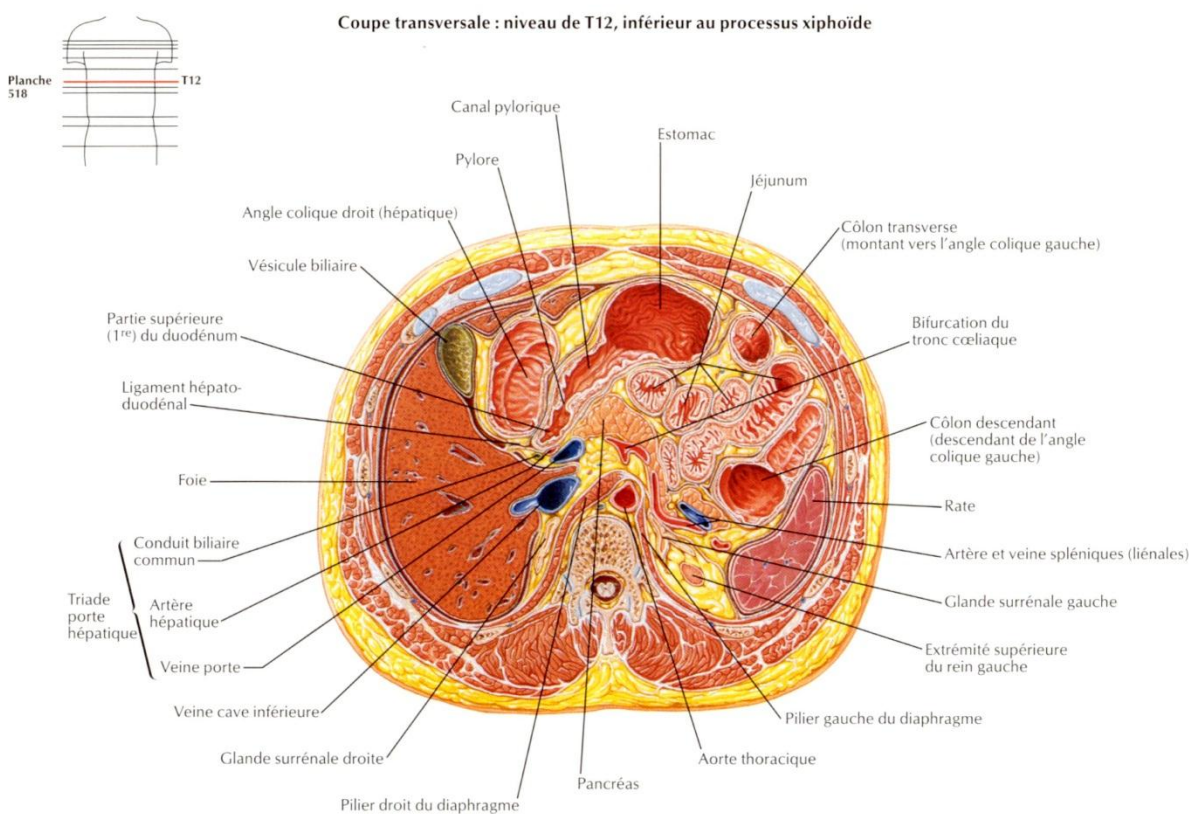
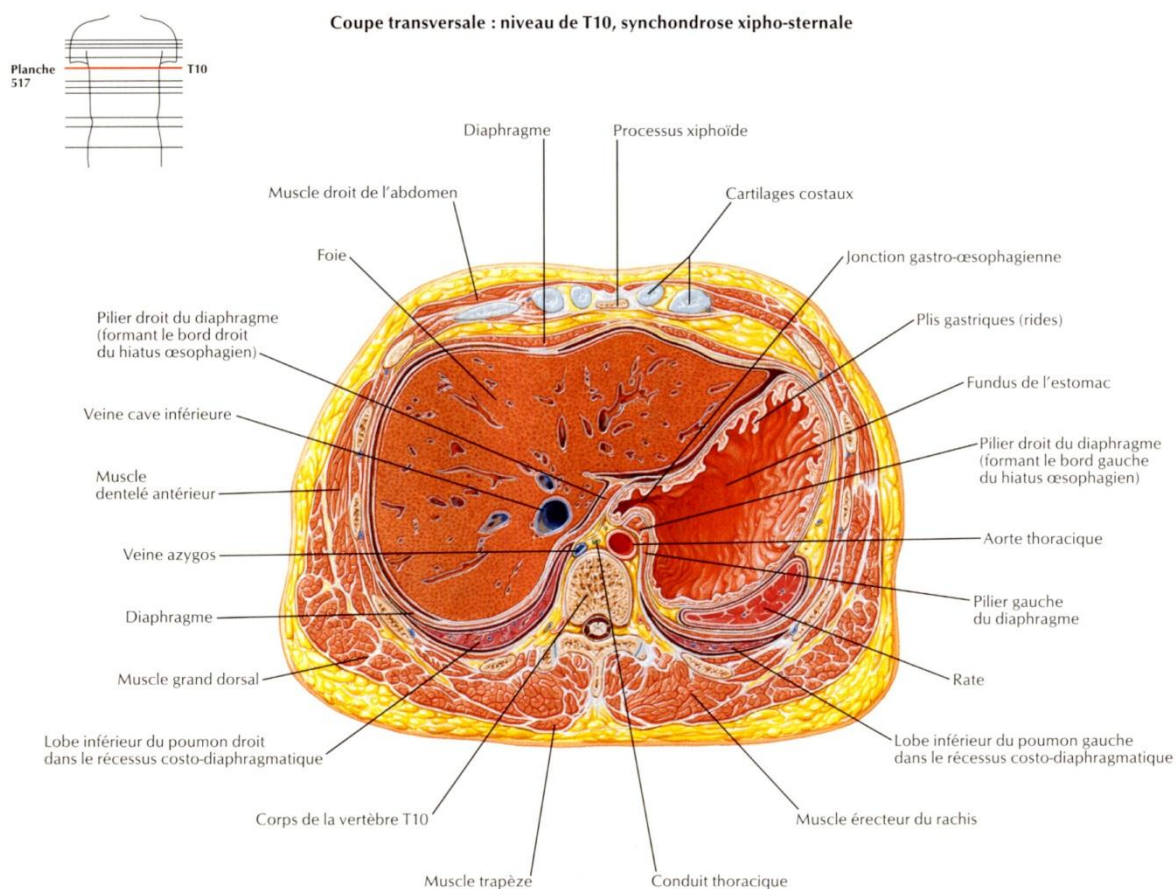




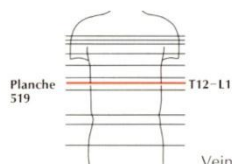
### Coupe transversale : niveau de T7, 3<sup>e</sup> espace interchondral



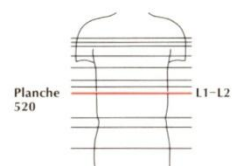
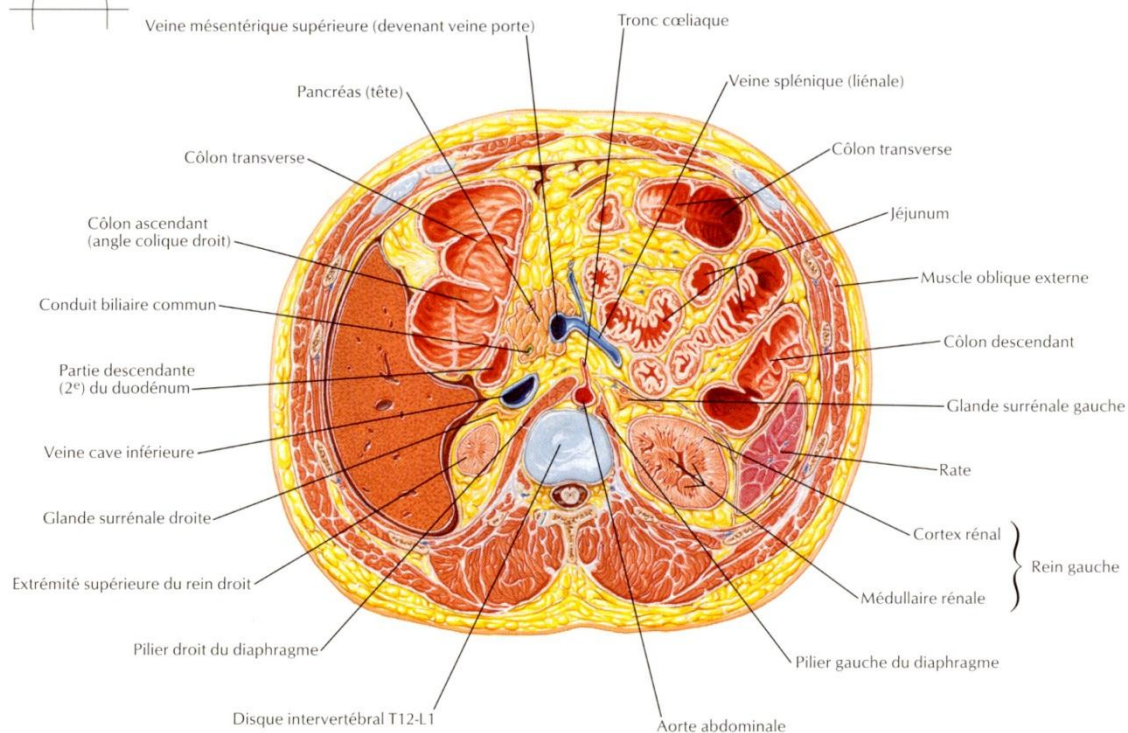
## d. Abdomen



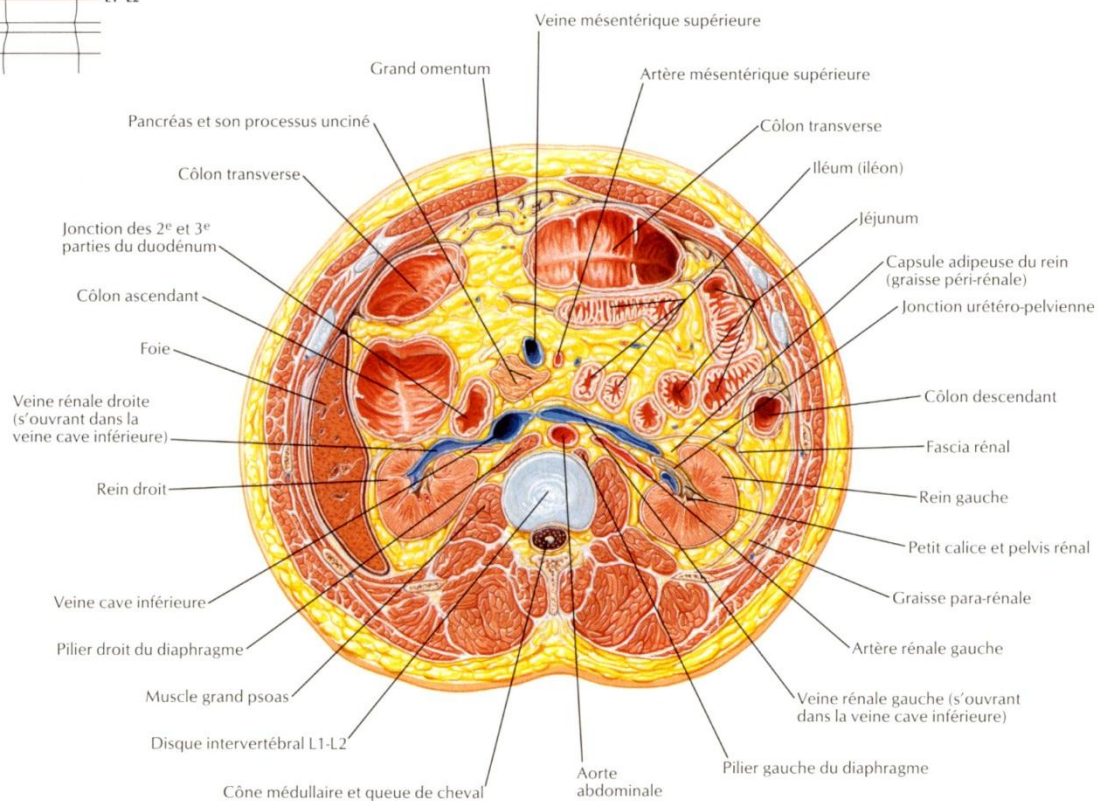


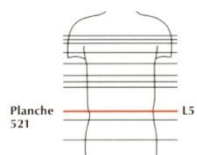


### Coupe transversale : niveau du disque intervertébral T12-L1

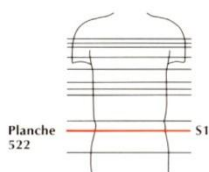
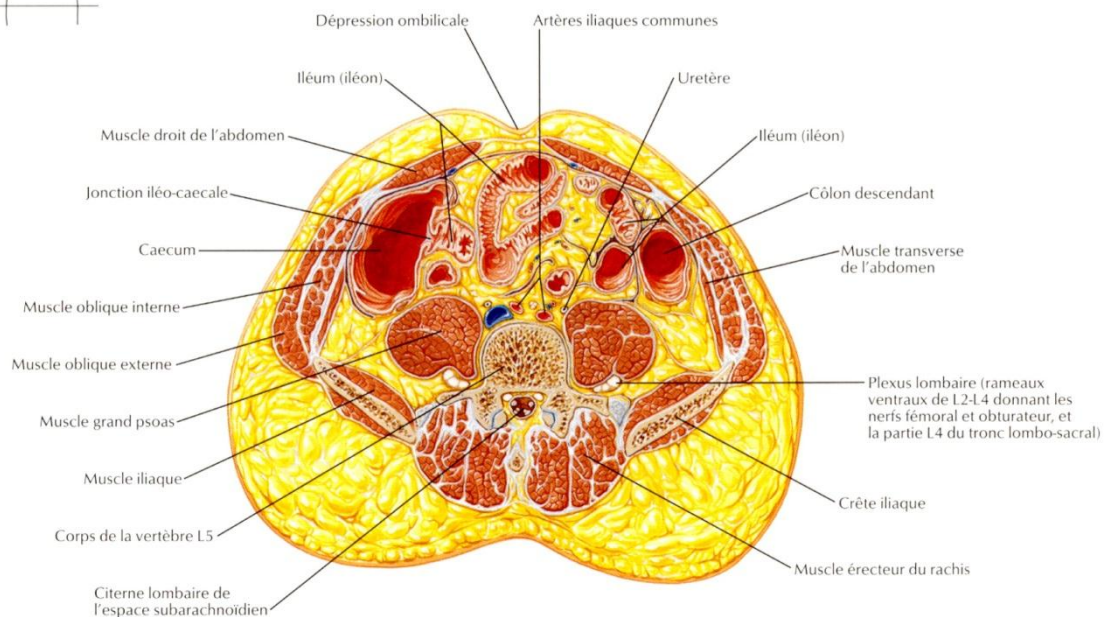


### Coupe transversale : niveau du disque intervertébral L1-L2

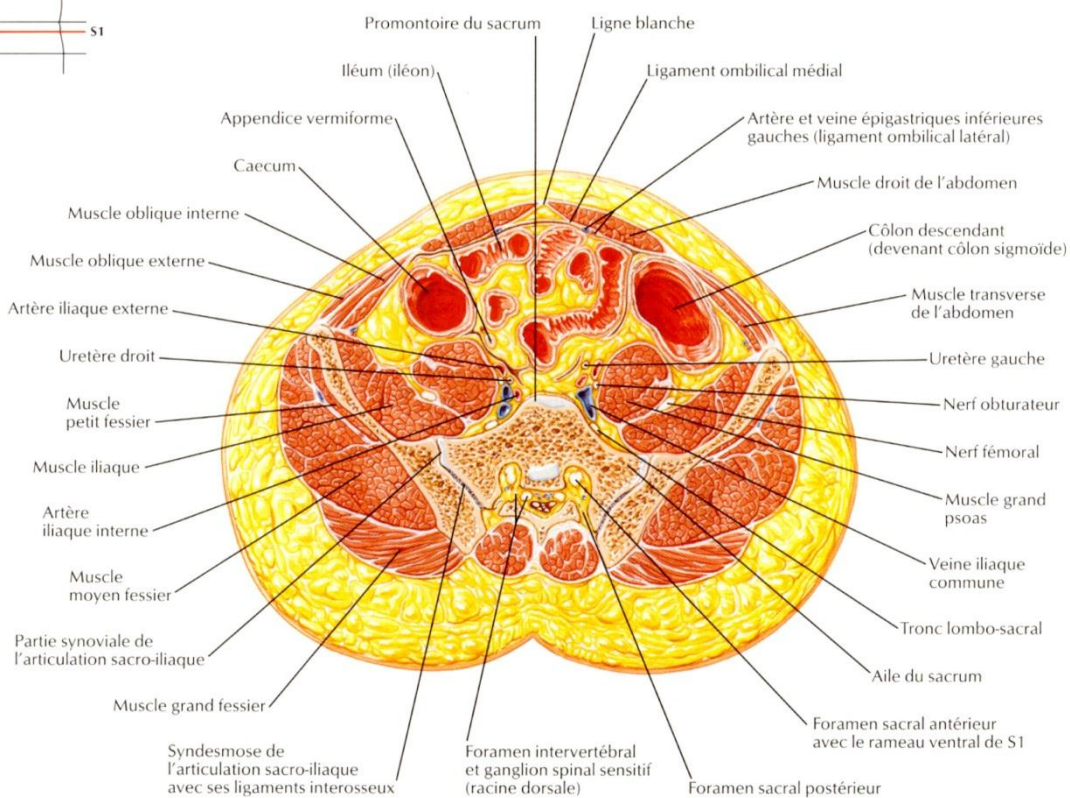




Coupe transversale : niveau de L5, près du plan inter-tuberculaire

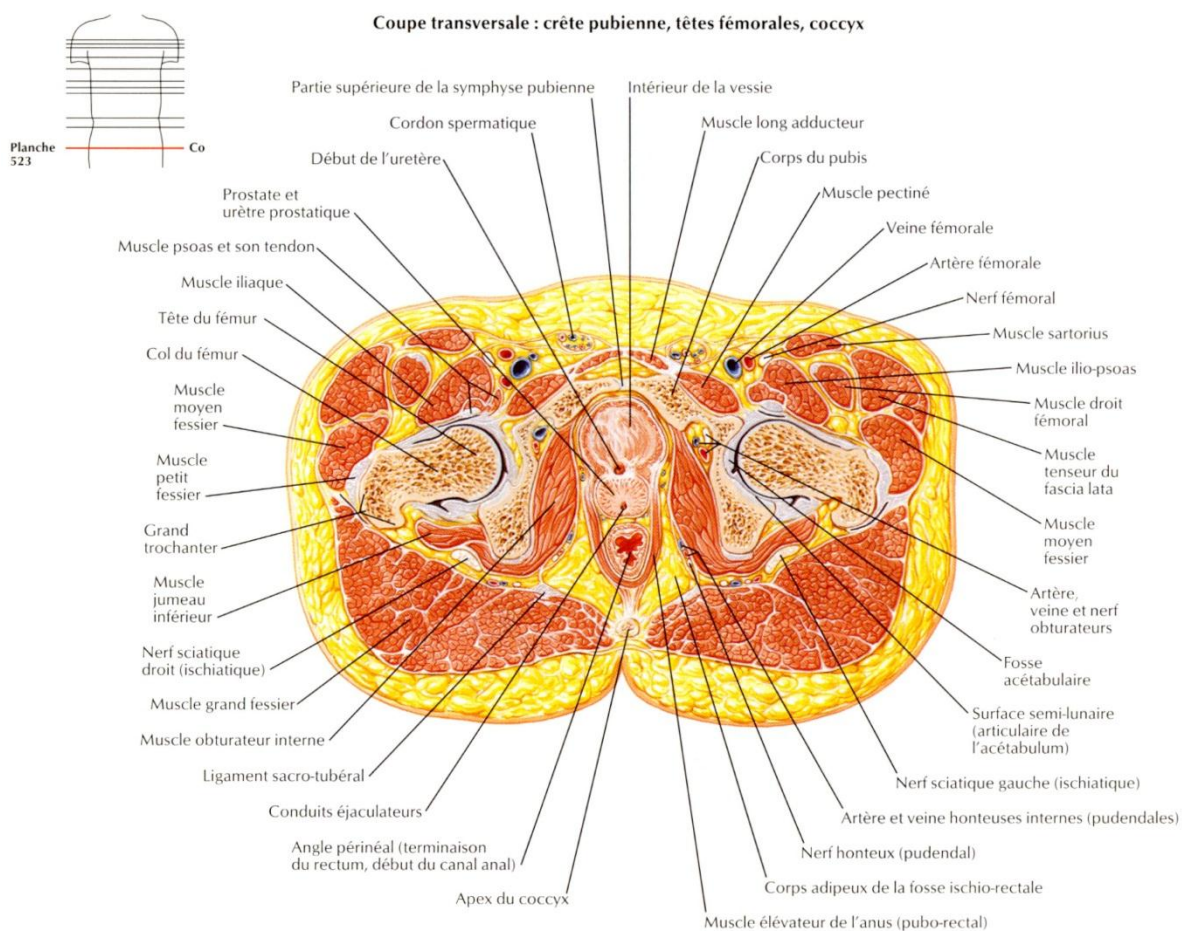


Coupe transversale : niveau de S1, épines iliaques antéro-supérieures

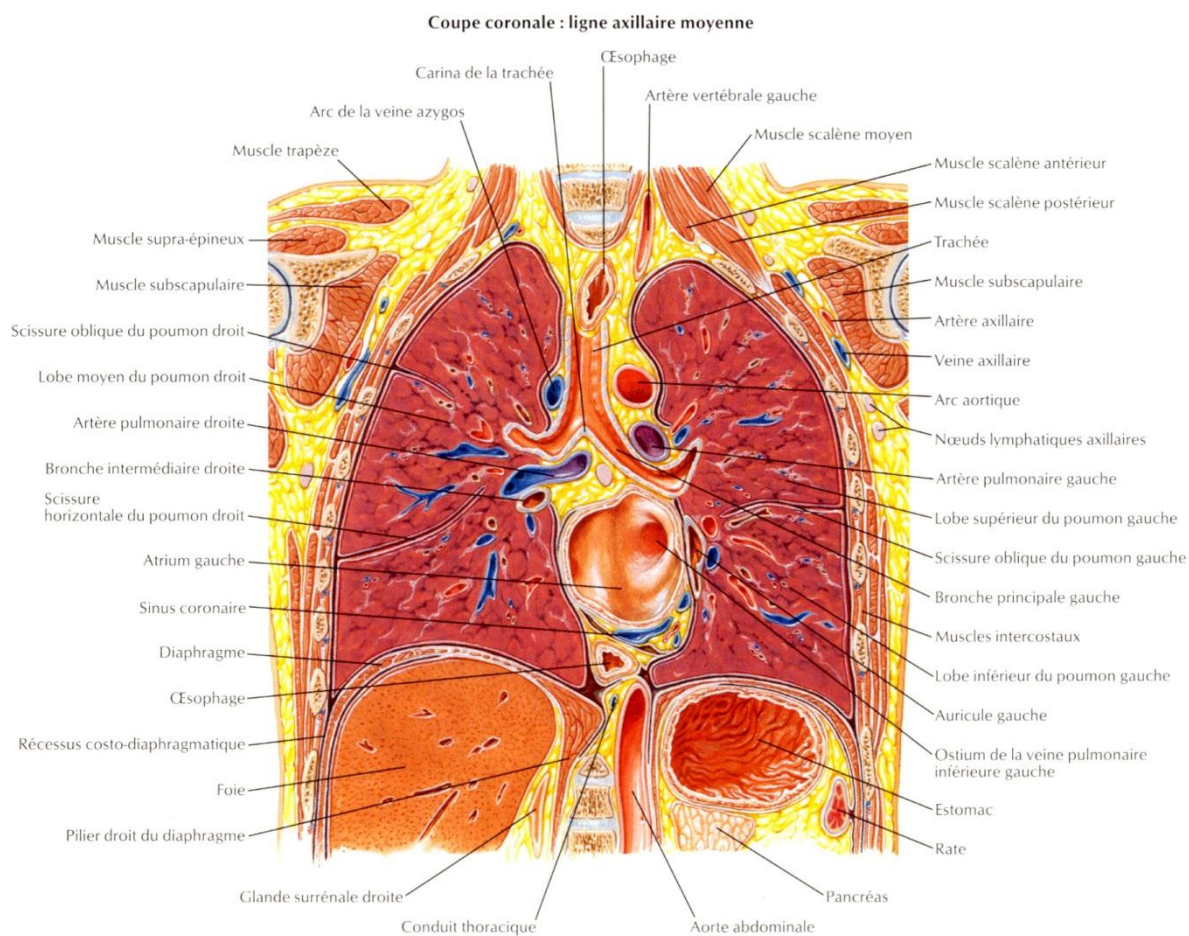




## e. Pelvis masculin



## f. Coupes frontales thorax





## Coupe coronale : ligne axillaire antérieure

